



Clearinghouse on Health Indexes

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Bibliography on Health Indexes

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- 7 Fletcher, Astrid; Bulpitt, Christopher J.: The Treatment of Hypertension and Quality of Life: Quality of Life and Cardiovascular Care 1(3):140-150, 1985
- 7 Gething, Lindsay: Perceptions of Disability of Persons with Cerebral Palsy, Their Close Relatives and Able Bodied Persons: Social Science and Medicine 20(6):561-565, 1985
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ACKNOWLEDGMENTS

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annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, which became available in January, February, or March 1985.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

Following the abstract the number of references used in the preparation of the document and source of the annotation are given. There are four sources: 1) the author abstract (designated by AA); 2) the author summary (AS); 3) the author abstract (or summary) modified by the Clearinghouse (AA-M or AS-M); and 4) the Clearinghouse abstract (CH-P where the initial following the "-" indicates the individual responsible for the abstract). Copies of items cited in the Clearinghouse bibliographies should be requested directly from the authors. The address for reprints is given after the abstract. When the request is to be sent to an author other than the first listed, the appropriate name is given along with the address.

REFERENCE NUMBER 1

Au: Abbey, Antonia; Andrews, Frank M.
 Ti: **Modeling the Psychological Determinants of Life Quality**
 So: Social Indicators Research 16(1):1-34, 1985

Personality and social psychologists have recently focused on a number of issues which life quality researchers have also examined. This study combines these two perspectives on well-being to address the following two questions: (1) To what extent are perceptions of stress, internal and external control, social support, performance, anxiety, and depression determinants of life quality? (2) To what extent are the predictors of different aspects of life quality (affective, cognitive, global, specific domains) similar or different? Data were collected from 675 respondents in a longitudinal study. Respondents were interviewed four times, six weeks apart. Bivariate analyses, stepwise regressions, and structural modeling were used to analyze the data. The modeling results suggested that internal control, social support, and performance caused increased life quality, whereas stress and depression caused decreased life quality. Control by others did not relate to life quality. The positive affect component of life quality related most strongly to "positive" psychological concepts. Similarly, the negative affect component of life quality related most strongly to "negative" psychological concepts. The implications of these findings for future life quality research are described. (75 references) AA

Address for reprint requests: Psychology Department, Pennsylvania State University, University Park, Pennsylvania 16802

REFERENCE NUMBER 2

Au: Bell, David E.
 Ti: **Disappointment in Decision Making Under Uncertainty**
 So: Operations Research 33(1):1-27, 1985

Decision analysis requires that two equally desirable consequences should have the same utility and vice versa. Most analyses of financial decision making presume that two consequences with the same dollar outcome will be equally preferred. However, winning the top prize of \$10,000 in a lottery may leave one much happier than receiving \$10,000 as the

lowest prize in a lottery. This paper explores the implications of disappointment, a psychological reaction caused by comparing the actual outcome of a lottery to one's prior expectations, for decision making under uncertainty. Explicit recognition that decision makers may be paying a premium to avoid potential disappointment provides an interpretation for some known behavioral paradoxes, and suggests that decision makers may be sensitive to the manner in which a lottery is resolved. The concept of disappointment is integrated into utility theory in a prescriptive model. (17 references) AA

Address for reprint requests: Harvard University, Boston, Massachusetts 02138

REFERENCE NUMBER 3

Au: Calnan, Michael; Johnson, Barbara

Ti: **Health, Health Risks and Inequalities: An Exploratory Study of Women's Perceptions**

So: Sociology of Health and Illness 7(1):55-75, 1985

Recent theoretical and empirical research has highlighted the importance of understanding the relationship between social structure and health beliefs. The empirical study described here explores the relationships between occupational social class and two dimensions of health beliefs which were concepts of health and perception of vulnerability to disease. Both the dimensions are claimed to be associated with decisions to carry out health behaviour and thus one of the aims was to shed some light on the social class gradient in patterns of preventive health behaviour and risk-taking behaviour. The findings showed a more marked social class differentiation in concepts of health when they were defined in the abstract compared with when they were defined in relation to personal health. The concept of personal vulnerability itself was shown to be problematic and theories about vulnerability were similar for both classes. Explanations for the findings are discussed. (24 references)

AA

Address for reprint requests: Health Services Research Unit, University of Kent at Canterbury, Cornwallis Building, The University, Canterbury Kent CT2 7NF United Kingdom

REFERENCE NUMBER 4

Au: Deber, Raisa B.; Blidner, Ilsa N.; Carr, Luby M.; Barnsley, Janet M.

Ti: **The Impact of Selected Patient Characteristics on Practitioners' Treatment Recommendations for End-stage Renal Disease**

So: Medical Care 23(2):95-109, 1985

Medical decisionmaking under uncertainty was tested using an empirical study of practitioner judgments concerning the preferred treatment(s) for end-stage renal disease (ESRD) patients. Patient-specific factors were varied systematically in written case vignettes, which were mailed to physician and nonphysician practitioners who treated ESRD patients in Canada and Michigan. Respondents were asked to indicate for each vignette: a preferred treatment and all other acceptable treatments. Overall patterns of choice were analyzed; the clear preferences shown for certain treatment modalities (e.g., for continuous ambulatory peritoneal dialysis over home hemodialysis) have planning implications. The apparent receptivity to new ESRD treatments may affect the success of government policies aimed at encouraging greater use of home hemodialysis. The impact of each patient-specific variable on treatment choice was also examined. Factors such as the patient's age proved to be major determinants both of the preferred treatment modalities and of the number of alternatives considered acceptable. The research method allowed

areas of medical consensus to be distinguished from those "grey areas" in which patient characteristics alone could not explain treatment selection. The resulting "controversy" cases are being used as the dependent variables in further studies. (40 references) AA

Address for reprint requests: Department of Health Administration, McMurrich Building, 12 Queen's Park Crescent W., 2nd Floor, Toronto, Ontario, Canada M5S 1A8

REFERENCE NUMBER 5

Au: Durie, M.H.

Ti: **A Maori Perspective of Health**

So: Social Science and Medicine 20(5):483-486, 1985

Health is not a universal concept nor are health professionals necessarily best suited to formulate the health aspirations of a people. Like other fundamental objectives, health is defined for Maori people by their elders, at traditional tribal gatherings. Four cornerstones of health have been recognized: te taha wairua (a spiritual dimension), te taha hinengaro (a psychic dimension), te taha tinana (a bodily dimension), te taha whanau (a family dimension). Between Maori elders and Western health professionals, priorities for health are likely to differ, the Western approach emphasizing personal dysfunction and socio-economic inequalities; Maori concerns moving to wider cultural factors affecting their community as a whole. The pollution of food sources is seen as a current health hazard with the subsequent cultural pollution a major threat to community integrity and health. Similarly a lack of confidence in Western child rearing techniques has aroused Maori elders into advocating traditional practices with less dependence on biological parents and more on tribal parents. Any widescale intervention aimed at promoting health among Maori people must involve elders and may need to accept alternate goals and methods, relevant to current Maori thinking, though possibly peripheral to established Western health concerns. (21 references)

AA

Address for reprint requests: Palmerston North Hospital, Palmerston North, New Zealand

REFERENCE NUMBER 6

Au: Dutton, Diana B.

Ti: **Socioeconomic Status and Children's Health**

So: Medical Care 23(2):142-156, 1985

This article explores the relationship between socioeconomic status and three common children's health problems: ear disease, hearing loss, and vision problems. Data are from a household survey and independent clinical examination of 1,063 black children in Washington, D.C. In the study sample, all three problems had a U-shaped relationship to income, with significantly higher prevalences among both upper- and lower-income children than the middle-income group, even controlling statistically for other socioeconomic factors. Except for past illness, income was generally the strongest determinant of children's health, followed by housing crowding and neighborhood income level. Some risk factors varied between upper- and lower-income children. Doctor contacts seemed to reduce illness among poor children but not among the more affluent, while the use of "private" rather than "public" settings did not appear to benefit either group. Policy implications are discussed. (62 references) AA

Address for reprint requests: Division of Health Services Research, Department of Family, Community and Preventive School of Medicine, Health Research and Policy Building, Room 7, Stanford, California 94305

REFERENCE NUMBER 7

Au: Ebrahim, Shah; Nouri, Fiona; Barer, David

Ti: **Measuring Disability After a Stroke**

So: Journal of Epidemiology and Community Health 39(1):86-89, 1985

A ranked activities of daily living (ADL) scale has been developed for stroke patients, on which an individual's score predicts his/her overall function ability. With an unranked scale the same total score can be obtained from different combinations of items and gives little idea of the patient's general pattern or degree of disability. The items in the scale are easy to assess on both inpatients and outpatients, and accepted criteria for valid ranking are fulfilled. A strong relation was found between scale score one month post-stroke and length of stay in hospital. Low scores at one month were also associated with high mortality during the subsequent five months. "Formal" and "informal" methods of ADL assessment were compared, and only small and unimportant differences were found. Assessments by postal questionnaire were also evaluated and agreed well with formal assessments carried out by visiting the patients' homes. Use of some or all of these methods would help to simplify and standardise follow up records for both routine care and research. (9 references) AA

Address for reprint requests: Department of Health Care of the Elderly, Nottingham University Medical School, Nottingham NG7 2UH England

REFERENCE NUMBER 8

Au: Erickson, Pennifer

Ti: **Health Effectiveness Measures**

So: In, 1984 Proceedings of the Business and Economic Statistics Section, Washington, D.C.: American Statistical Association, 1985

In the health care sector, assessment of program effectiveness has been complicated by the lack of suitable measures. While morbidity and mortality data are commonly used for health policy decisions, they provide less appropriate answers to the more complex questions now being asked, for instance is the quality as well as the quantity of life improving? Recent research has focussed on developing output measures which combine health information as well as disease oriented morbidity and mortality data into a continuum ranging from perfect health to death. Development of these measures has proceeded in three stages. The first stage consisted of dividing the continuous into discrete health states. In the second stage, measures of individual preferences for being in each of the states were obtained using such methods as the time tradeoff. The third stage involves the use of simultaneous equation models to estimate transition probabilities between states. This paper analyzes the methods used in the development of these health effectiveness measures and comments on the relevance of the resultant measures for decision making. (26 references) AA

Address for reprint requests: Office of Analysis and Epidemiology Program, National Center for Health Statistics, 3700 East-West Highway, Room 2-27, Hyattsville, Maryland 20782

REFERENCE NUMBER 9

Au: Evans, Roger W.; Manninen, Diane L.; Garrison, Louis P., Jr.; Hart, L. Gary; Blagg, Christopher R. et al.

Ti: **The Quality of Life of Patients with End-Stage Renal Disease**

So: New England Journal of Medicine 312(9):553-559, 1985

We assessed the quality of life of 859 patients undergoing dialysis or transplantation, with the goal of ascertaining whether objective and subjective measures of the quality of life were influenced by case mix or treatment. We found that 79.1 percent of the transplant recipients were able to function at nearly normal levels, as compared with between 47.5 and 59.1 percent of the patients treated with dialysis (depending on the type). Nearly 75 percent of the transplant recipients were able to work, as compared with between 24.7 and 59.3 percent of the patients undergoing dialysis. On three subjective measures (life satisfaction, well-being, and psychological affect) transplant recipients had a higher quality of life than patients on dialysis. Among the patients treated with dialysis, those undergoing treatment at home had the highest quality of life. All quality-of-life differences were found to persist even after the patient case mix had been controlled statistically. Finally, the quality of life of transplant recipients compared well with that of the general population, but despite favorable subjective assessments, patients undergoing dialysis did not work or function at the same level as people in the general population. (50 references) AA

Address for reprint requests: Battelle Human Affairs Research Centers, Seattle, Washington 98105

REFERENCE NUMBER 10

Au: Fletcher, Astrid; Bulpitt, Christopher J.

Ti: **The Treatment of Hypertension and Quality of Life**

So: Quality of Life and Cardiovascular Care 1(3):140-150, 1985

Hypertension is a common disease in western society, and the treatment of patients with this disease constitutes a major part of a physician's workload. Different therapeutic regimens, including new drugs, are assessed primarily by their ability to lower blood pressure. In this article, we consider the need to include the assessment of quality of life in trials of antihypertensive drugs. The problems of definitions and measurement, both in general and with reference to antihypertensive drugs trials that are currently being performed in Europe, are discussed. (48 references) AA

Address for reprint requests: Christopher J. Bulpitt, M.D., Division of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT England

REFERENCE NUMBER 11

Au: Gething, Lindsay

Ti: **Perceptions of Disability of Persons with Cerebral Palsy, Their Close Relatives and Able Bodied Persons**

So: Social Science and Medicine 20(6):561-565, 1985

The insider-outsider view of disability is applied to the perception of problems associated with cerebral palsy. Twenty-five persons with cerebral palsy, 22 close relatives and 70 able bodied members of the public were asked to rate the severity of 48 problems likely to confront a cerebral palsied adult between the ages of 18 and 35 years. Results, analyzed using the Kruskal-Wallis analysis of variance, provided support for predictions that persons

with cerebral palsy would perceive problems as being less severe than would their relatives or able bodied persons. Two explanations are proffered for emerging differences: the greater optimism of the disabled sample can be interpreted as support for the "insider" concept but could also reflect expectations and standards at variance with those of other groups sampled in the study. Qualified support was received for the third prediction that relatives would perceive problems as less severe than would able bodied persons. Relatives tended to emphasize problems associated with everyday management of the disability, restrictions in functioning and concern about the future, whilst "outsiders" emphasized psychological problems and areas of personal interaction. The latter also seemed aware of their attitudes as a source of handicap for the disabled. It was concluded that greater interaction between disabled and able bodied people could bring into closer harmony their views of life with a disability. However evidence suggests that levels of contact between the two are still relatively low. (37 references) AA

Address for reprint requests: Department of Behavioural and General Studies at Cumberland College of Health Sciences, P.O. Box 170, Lidcombe, Sydney, NSW, Australia

REFERENCE NUMBER 12

Au: Green, Lawrence W.

Ti: **Some Challenges to Health Services Research on Children and the Elderly**

So: Health Services Research 19:(6 Part II):793-815, 1985

Imposing models and methods from the mainstream of health services research on the needs of children and the elderly runs several risks of misplaced emphasis. The risks may be greater in disease prevention and health promotion than in medical care, because more people are affected and the errors take longer to discover. One of the principle risks is insisting on health outcome measures when the more significant measures of success for health promotion in both of these target populations may be cognitive, developmental and behavioral changes. The author uses children as the initial reference point to explain his concern and to develop the challenge which he places before the health services community. He then illustrates some of the ways in which the same concerns apply to the elderly. (32 references) CH-P

Address for reprint requests: Center for Health Promotion Research and Development, University of Texas Health Science Center at Houston, P.O. Box 20036, Houston, Texas 77225

REFERENCE NUMBER 13

Au: Greenberg, Glen D.; Ryan, Joseph J.; Bourlier, Peter F.

Ti: **Psychological and Neuropsychological Aspects of COPD**

So: Psychosomatics 26(1):29-33, 1985

A review of the literature dealing with the effects of chronic obstructive pulmonary disease (COPD) on psychological and neuropsychological functioning indicates that significant emotional and adaptive deficits characterize the patient population. Specifically studies are cited which show that life quality is directly related to neuropsychological functioning. The authors conclude that utilization of multidimensional assessment and treatment procedures

should lead to more effective medical care and enhancement of life quality for over 15 million COPD sufferers. (34 references) AA-M

Address for reprint requests: Psychology Service, VA Medical Center, Leavenworth, Kansas 66048

REFERENCE NUMBER 14

Au: Hall, Karyl; Cope, D. Nathan; Rappaport, Maurice

Ti: **Glasgow Outcome Scale and Disability Rating Scale: Comparative Usefulness in Following Recovery in Traumatic Head Injury**

So: Archives of Physical Medicine and Rehabilitation 66(1):35-37, 1985

Clinical experience and analysis of use of the Disability Rating Scale (DRS) and the Glasgow Outcome Scale (GOS) are reported on 70 patients up to two years after head injury. Statistical analysis shows significant change demonstrated by the DRS across the intervals from two to four, two to six, and six to 12 months after injury. The DRS more sensitively reflects improvement during in-hospital rehabilitation than the GOS, 71% to 33%, respectively. Significant improvement is shown up to one year after injury. Trend data on seven patients for whom two-year data were available showed continued improvement, although the data were not statistically significant. The DRS has shown itself to be a sensitive, functional, reliable, and quantitative means of monitoring patients with traumatic head injury during the course of their recovery. (14 references) AA

Address for reprint requests: Department of PM&R, Santa Clara Valley Medical Center, Santa Clara, California 95128

REFERENCE NUMBER 15

Au: Harvey, Charles M.

Ti: **Assessment of Preferences by Conditions on Pricing-Out Amounts**

So: Operations Research 33(2):443-454, 1985

A value function for consequences described by a monetary attribute and one or more other attributes can be determined by assessing pricing-out amounts between the monetary attribute and each of the other attributes. This willingness-to-pay procedure is restricted to decision problems in which the pricing-out amounts are independent of the decision maker's monetary position. This paper extends the procedure to decision problems in which the pricing-out amounts do depend on monetary position. It then presents new procedures by which conditions on this dependence can be used in place of multiattribute risk conditions to determine a utility function. (11 references) AA

Address for reprint requests: Dickinson College, Carlisle, Pennsylvania 17012

REFERENCE NUMBER 16

Au: Heinrich, Richard L.; Cohen, Michael J.; Naliboff, Bruce D.; Collins, Gretchen A.; Bonebakker, Adelita D.

Ti: **Comparing Physical and Behavior Therapy for Chronic Low Back Pain on Physical Abilities, Psychological Distress, and Patients' Perceptions**

So: Journal of Behavioral Medicine 8(1):61-78, 1985

A treatment-outcome study was conducted to study the impact of behavior and physical therapy on components of the chronic low back pain syndrome. Eighteen patients received

behavior therapy and 15 patients received physical therapy. All patients had at least a 6-month history of seeking treatment for chronic low back pain. Prior to treatment patients were assessed in four principal areas of functioning: (1) physical abilities; (2) current physical functioning; (3) psychological and psychosocial functioning; and (4) pain intensity and pain perception. Treatments were conducted in a group (five to eight patients) outpatient setting. Both behavior therapy and physical therapy groups met for 10-weekly sessions, each lasting 2 hrs. Behavior therapy was designed to address the environmental, social, and emotional components of the low back pain syndrome as well as the depression and decreased activity that result from chronic low back pain. Physical therapy was based upon traditional rehabilitation theory and was designed to improve low back function. Patients were reevaluated at posttreatment, 6 months, and 1 year. The results showed a general improvement for patients in both groups and a few treatment-specific differences in outcome measures. (24 references) AA

Address for reprint requests: Veterans Administration Medical Center, Sepulveda, California 91343

REFERENCE NUMBER 17

Au: Herman, James M.

Ti: **The Use of Patients' Preferences in Family Practice**

So: Journal of Family Practice 20(2):153-156, 1985

The use of patients' preferences enables physician and patient to share responsibility for decision making. The use of preferences is especially appropriate when there is diagnostic uncertainty or when several alternative management strategies are available. When preferences are used, clinicians are likely to become sensitive to details of individual patients' lives that affect their illnesses and their responses to illnesses. Patient preferences may be influenced by how information is presented to them and by recent experiences in their own lives or in the lives of someone close to them. For effective decision making to occur, both physician and patient should be comfortable with the amount of decision-making responsibility given to each. (14 references) AA

Address for reprint requests: Department of Family and Community Medicine, Bowman Gray School of Medicine, 300 South Hawthorne Road, Winston-Salem, North Carolina 23103

REFERENCE NUMBER 18

Au: Hibbard, Judith H.

Ti: **Social Ties and Health Status: An Examination of Moderating Factors**

So: Health Education Quarterly 12(1):23-34, 1985

The goals of the study are to assess the relationship between social ties and health status and to determine if factors that may inhibit or enhance the mobilization of resources available in social ties specify this relationship. Two factors which may influence the effective use of social network resources, perceived control and trusting others, are examined as possible moderating factors. The study population includes 2,603 adults, who were randomly selected from among the enrollees of a large health maintenance organization. The subjects were part of a large household interview survey. Medical record data covering seven years of outpatient services were linked with the survey data on the respondents. The findings indicate that having more social ties, being more trustful of others and perceiving more control are all related to having better health. Perceived

control does specify the relationship between social ties and health status. The findings suggest that a larger social network is more important for those less able to utilize the resources available in their networks effectively, while among those more able to mobilize support from their networks, size is less important. The implications for health education research and practice are discussed. (26 references) AA

Address for reprint requests: University of Oregon, Department of School and Community Health, 250 Esslinger Hall, Eugene, Oregon 97403

REFERENCE NUMBER 19

Au: Jasnoski, Mary L.

Ti: **The Zeitgeist for Health Psychology**

So: American Behavioral Scientist 28(4):439-450, 1985

This article introduces a special issue of ABS which presents a range of important issues within health psychology in its emergent role as a health-care profession and science. Each author has delineated a unique contribution within health psychology, and thus, the entire edition samples the breadth of influence possible for scientific and professional activities available for psychologists. (40 references) CH-P

Address for reprint requests: Psychology Department, Harvard University, Boston, Massachusetts 02138

REFERENCE NUMBER 20

Au: Jasnoski, Mary L.; Schwartz, Gary E.

Ti: **A Synchronous Systems Model for Health**

So: American Behavioral Scientist 28(4):468-485, 1985

The authors present a new theoretical model of health, illness and wellness, combining ecological and biopsychosocial factors. The physical environment is included as well as the psychosocial context for physiological and psychological functioning. Exceedingly appropriate for the Zeitgeist, this comprehensive conception of the documented influences upon human functioning utilizes general systems theory and cybernetics or control theory for explanation and prediction. According to the authors, empirical research examining the theoretical basis of the synchronous systems model are just beginning to assess its validity and utility. This theory appears to be entering a stage of critical review and examination. (52 references) AA

Address for reprint requests: Psychology Department, Harvard University, Boston, Massachusetts 02138

REFERENCE NUMBER 21

Au: Jette, Alan M.; Branch, Laurence G.

Ti: **Impairment and Disability in the Aged**

So: Journal of Chronic Diseases 38(1):59-65, 1985

Data on 776 survivors of the Massachusetts Health Care Panel Study are used to examine the relationship between impairment and disability among noninstitutionalized aged. Using multiple regression we examined the relationship of sight, hearing, and musculoskeletal impairments with physical and social disability, controlling for age, gender, income, and living situation. Findings suggest that impairments do not inevitably lead to disability.

Musculoskeletal and visual impairments are strongly related to physical disability. None of the impairments studied in this sample are related to increasing social disability. These results suggest that physical and social disabilities may be distinct concepts with quite different determinants. (21 references) AA

Address for reprint requests: Dr. Laurence G. Branch, Division on Aging, Harvard Medical School, 643 Huntington Avenue, Boston, Massachusetts 02115

REFERENCE NUMBER 22

Au: Kelly, Jeremiah F.; Winograd, Carol H.

Ti: **A Functional Approach to Stroke Management in Elderly Patients**

So: Journal of the American Geriatrics Society 33(1):48-60, 1985

Although quality of life after stroke is clearly related to the patient's functional status, the traditional focus of stroke management has been anatomic and etiologic diagnosis. Awareness of this has prompted the authors to formulate an approach to the care of the stroke patient that is based on a functionally oriented clinical examination and functional assessment in three domains: mental, physical and social. The emphasis is on the physician's role. The approach is intended for use by both generalists and specialists in treating either good or poor rehabilitation candidates in primary as well as tertiary care settings. The authors hope that this review will stimulate scholarly investigation into those aspects of stroke management that can lead to improved self care. In the meantime, by taking a functional approach to stroke management, the physician ensures that all efforts are directed at promoting attainment and maintenance of the highest level of independence in the least restrictive setting for the longest period possible. (72 references) CH-P

Address for reprint requests: St. Mary's Hospital and Medical Center, 450 Stanyan Street, San Francisco, California 94117

REFERENCE NUMBER 23

Au: Kirshner, Bram; Guyatt, Gordon

Ti: **A Methodological Framework for Assessing Health Indices**

So: Journal of Chronic Diseases 38(1):27-36, 1985

Tests or measures in clinical medicine or the social sciences can be used for three purposes: discriminating between subjects, predicting either prognosis or the results of some other tests, and evaluating change over time. The choices made at each stage of constructing a quality of life index will differ depending on the purpose of the instrument. We explore the implications of index purpose for each stage of instrument development; selection of the item pool, item scaling, item reduction, determination of reliability, of validity, and of responsiveness. At many of these stages, not only are the requirements for discriminative, predictive, and evaluative instruments not complementary, they are actually competing. Attention to instrument purpose will clarify the choices both for those developing quality of life measures and for those selecting an appropriate instrument for clinical studies. (26 references) AA

Address for reprint requests: McMaster University Health Sciences Centre, 1200 Main Street, West Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 24

Au: Levin, Henry M.

Ti: **Toward a Benefit-Cost Analysis of Anemia Reduction**

So: American Behavioral Scientist 28(4):543-558, 1985

The purpose of this article is to report on progress toward cost benefit evaluations of potential interventions for reducing iron-deficiency anemia in developing countries. The article briefly summarizes the prevalence and treatment of anemia and then reports on the benefits of anemia reduction with special emphasis on increased work output. The final section suggests the magnitudes of costs and benefits of hypothetical interventions for reducing iron-deficiency anemia. (43 references) CH-P

Address for reprint requests: Stanford University, Palo Alto, California 94305

REFERENCE NUMBER 25

Au: Macdonald, Lorraine A.; Sackett, David L.; Haynes, R. Brian; Taylor, D. Wayne

Ti: **Hypertension: The Effects of Labeling on Behavior**

So: Quality of Life and Cardiovascular Care 1(3):129-139, 1985

What is the impact of being told that you have hypertension? Is this news merely a temporary annoyance of only phenomenological interest? Or is it a lasting disturbance of major clinical and economic importance? Could the disadvantages of being labeled hypertensive even offset the advantages of treatment of the mildest forms of hypertension? These questions have provoked much research and even more debate during the past ten years. It is our hope that this review will synthesize that research and debate. Accordingly, this paper addresses the following three issues: (1) the effect of labeling on absenteeism and economic well-being, (2) the effect of labeling on psychologic well-being, and (3) strategies that may prevent or alleviate the effects of labeling. In the following discussion, labeling refers to telling someone that he or she has hypertension; labeling may be reinforced by treatment. The perception that one has been labeled will be termed awareness. (36 references) AA

Address for reprint requests: David L. Sackett, Department of Clinical Epidemiology, Health Science Center, 3HS, McMaster University Medical Center, 1200 Main Street, W., Hamilton, Ontario, L8N 3Z5

REFERENCE NUMBER 26

Au: Maddox, George L.

Ti: **Intervention Strategies to Enhance Well-Being in Later Life: The Status and Prospect of Guided Change**

So: Health Services Research 19(6 Part II):1007-1032, 1985

The author chooses to focus on ambivalence about intervention, particularly with older adults, arguing that individuals who have been trained as interventionists are comfortable with the idea of progress through guided change. Before discussing these activist sentiments and showing that there is basis for modest optimism about beneficial interventions with older adults, the author addresses the theoretical and conceptual problems involved with designing, implementing and evaluating interventions. Methodological issues are viewed as lesser problems. The primacy of theoretical and conceptual issues is important to the author's argument which stresses the importance of macroscopic, societal factors in *understanding issues in intervention*. This perspective is not intuitively obvious or congenial

to many professionals responsible for disease prevention and health promotion. (49 references) CH-P

Address for reprint requests: University Council on Aging and Human Development, Box 2920, Duke University Medical Center, Durham, North Carolina 27710

REFERENCE NUMBER 27

Au: Manton, Kenneth G.; Liu, Korbin

Ti: **Strategies for Collating Diverse Scientific Evidence in the Analysis of Population Health Characteristics: Bioactuarial Models of Chronic Disease Mortality for the Elderly**

So: Sociological Methods and Research 13(3):407-431, 1985

The analysis of many social and health policy issues requires the use of multiple data sources from a diverse body of scientific and technical studies. Although individual data sets are rigorously analyzed, integration of the results of these analyses to resolve policy questions is often accomplished by informal or subjective strategies based on procedures designed to generate consensus among scientific experts. In this article we discuss a model for conducting a more formal integration of multiple data sources (including subjective or theoretical judgments). The advantages of such models over consensus generation by informal means are that: (1) they can produce very specific quantitative measures of the implications of alternative policies; (2) their assumptions are more readily reviewable; (3) they can be validated against data; and (4) they formally link experimental and survey data, organizing our knowledge base so that priorities for improving the knowledge based can be determined systematically. These advantages suggest that the use of formal models can be a valuable adjunct to informal consensus-generating procedures. An example of how such a modeling strategy is applied to the monitoring of population health is presented and discussed. (26 references) AA

Address for reprint requests: Center for Demographic Studies, Duke University, 2117 Campus Drive, Durham, North Carolina 27706

REFERENCE NUMBER 28

Au: McClelland, David C.

Ti: **The Social Mandate of Health Psychology**

So: American Behavioral Scientist 28(4):451-467, 1985

In this article, the author outlines the future direction for health psychology researchers and practitioners. Among the topics explicitly discussed by the author are stress and illness, personality factors in illness and improving treatment for illness. Past accomplishments and mistakes in research are illuminated against the backdrop of the barriers and possibilities for psychology and medicine. (31 references) CH-P

Address for reprint requests: Harvard University, Boston, Massachusetts 02138

REFERENCE NUMBER 29

Au: Olsen, Marvin E.; Canan, Penelope; Hennessy, Michael

Ti: **A Value-Based Community Assessment Process: Integrating Quality of Life and Social Impact Studies**

So: Sociological Methods and Research 13(3):325-361, 1985

It is argued that community quality of life and social impact studies are similar in nature and can be integrated with a common analytical model for conducting community assessments. All such assessments must incorporate the basic values prevailing in the community, as expressed by community leaders and various segments of the population. Community assessments must also include both objective and subjective procedures, as neither approach is meaningful by itself. The initial stages of the proposed community assessment process are illustrated with research conducted on the island of Molokai in Hawaii. That study mapped the value structure of the island's residents, from which social indicators for the island were derived. (28 references) AA

Address for reprint requests: Sociology Department, Michigan State University, East Lansing, Michigan 48824

REFERENCE NUMBER 30

Au: Packard, Michael

Ti: **Health Status of New Retired-Worker Beneficiaries: Findings from the New Beneficiary Survey**

So: Social Security Bulletin 48(2):5-16, 1985

In general, individuals who first received social security retired-worker benefits in June 1980-May 1981 viewed themselves as being in good health. They reported this view in response to questions in the 1982 New Beneficiary Survey conducted by the Social Security Administration. Two-thirds of the respondents in the retired-worker sample reported having no health-related work limitations and no moderate or severe functional activity limitations. However, more than half of those who did report such limitations indicated that the limitations were severe enough to keep them from any work for pay. Beneficiaries whose first monthly benefits were claimed at age 62 were more likely to report themselves in poor health than those receiving a first benefit at age 63 or older, but even among the 62-year-olds, more than three-fifths reported no work-limiting conditions. (2 references) AA

Address for reprint requests: Program Analysis Staff, Office of Research, Statistics, and International Policy, Office of Policy, Social Security Administration, 1875 Connecticut Avenue, N.W., Washington, D.C. 20009

REFERENCE NUMBER 31

Au: Palmore, Erdman B.; Nowlin, John B.; Wang, Hsioh S.

Ti: **Predictors of Function Among the Old-Old: A 10-Year Follow-Up**

So: Journal of Gerontology 40(2):244-250, 1985

A 10-year follow-up of 297 survivors from a community study of the aged found: (a) there was little or no decline in social and economic function and only moderate declines in mental, physical, and activities-of-daily-living function; (b) demographic and socioeconomic characteristics were usually strong predictors of decline in function; and (c) impairments in

one type of function often predicted greater decline in other types of function. Mental impairment was an especially strong predictor of social decline, but not vice versa. (14 references) AA

Address for reprint requests: Center for the Study of Aging and Human Development, Duke University Medical Center, Durham, North Carolina 27710

REFERENCE NUMBER 32

Au: Petosa, Richard

Ti: **Eustress and Mental Health Promotion**

So: Health Values: Achieving High Level Wellness 9(1):3-7, 1985

The relationship between stressful life events and illness has been well documented. Eustress, or positive stress, has been studied far less. The purpose of this study was to examine the relationship between stressful life events and a positive measure of mental health, self-actualization. The results of this study suggest that subjects assessed as more actualized tended to interpret their stressful life events as more positive than less actualizing subjects. The personality characteristics of rationality and sensation seeking motive while significantly associated with self-actualization, did not mediate the effects of stressful life events as predicted. (23 references) AA

Address for reprint requests: Department of Physical Education, Health and Recreation Studies, Lambert Gymnasium, West Lafayette, Indiana 47907

REFERENCE NUMBER 33

Au: Quiggin, John

Ti: **Subjective Utility, Anticipated Utility, and the Allais Paradox**

So: Organizational Behavior and Human Decision Processes 35(1):94-101, 1985

One of the most notable counterexamples to expected utility theory is the "Allais paradox." A number of alternative theories have been proposed in an attempt to resolve this paradox, notably including U.S. Karmarkar's subjectively weighted utility (SWU) theory. It is shown that SWU theory necessarily involves violations of dominance, but that the theory can be modified to avoid these violations. The result is a special case of J. Quiggin's anticipated utility theory. (10 references) AA

Address for reprint requests: Centre for Resource and Environmental Studies, Australian National University, GPO Box 4, Canberra City 2601, Australia

REFERENCE NUMBER 34

Au: Russell, Louise B.

Ti: **Evaluating Preventive Medical Care as a Health Strategy**

So: Unpublished, Washington, D.C.: Brookings Institution, September 1984

This study about evaluating prevention serves two major purposes: to review the facts about some important preventive measures, and the results of careful evaluations of these measures; and to describe, promote, and help improve the principles on which the evaluations are based. While the evaluation of prevention has much in common with the evaluation of other investments, it also involves some special and interesting difficulties: how to represent health benefits; the difficulties of tracing through the sometimes complicated chain of events from prevention to health effect; the particular importance of

timing for the assessment of preventive care; and more. These issues are brought up in the context of the preventive measures that illustrate them best. (161 references) AS-M

Address for reprint requests: The Brookings Institution, 1775 Massachusetts Avenue, N.W., Washington, D. C. 20036

REFERENCE NUMBER 35

Au: Schwarz, Norbert; Wyer, Robert S., Jr.

Ti: **Effects of Rank Ordering Stimuli on Magnitude Ratings of These and Other Stimuli**

So: Journal of Experimental Social Psychology 21:30-46, 1985

Five experiments investigated the effects of rank ordering stimuli on subsequent magnitude ratings of these and other stimuli. In Experiments 1 and 2, subjects first rank ordered environmental issues in terms of their importance. Ranking stimuli from "most" to "least" led to more extreme ratings than ranking them from "least" to "most," regardless of whether the rating criterion was the same as, or diametrically opposite to, the ranking criterion. (For example, subjects who had previously ranked them beginning with the most important issue subsequently rated these issues not only as more important, but also as more trivial, than did subjects who had ranked them beginning with the least important.) These effects generalized to stimuli other than those that had previously been ranked, and generalized over stimulus domains. (For example, ratings of environmental issues were also affected by ranking the importance of attributes of a marriage partner.) Other experiments in the series circumscribed the conditions in which these effects occur. Results suggested that rank ordering stimuli leads subjects to adopt comparative standards, the use of which generalizes to subsequent magnitude rating tasks and produces an anchoring bias similar to that identified by A. Tversky and D. Kahneman (1974, Science (Washington, D.C.). 185, 1124-1131). Implications of these results for the cognitive processes that underlie social judgment are discussed. (15 references) AA

Address for reprint requests: Psychologisches Institut, Universitat Heidelberg, Hauptstrasse 47-51, D-6900 Heidelberg 1, FRG.

REFERENCE NUMBER 36

Au: Sechrest, Lee

Ti: **Evaluating Health Care**

So: American Behavioral Scientist 28(4):527-542, 1985

In this article the author deals for the most part with problems related to the organization and delivery of health care rather than with medical interventions. The focus is on how we can generate good quality information related to public policies concerning the way our health-care system is organized and financed to provide medical interventions and other health-promoting measures when they are available. There are two somewhat different perspectives on evaluation problems: that of the provider and that of the user of information. According to the author, many of the issues are quite the same and in this article he attempts to meld or consider both. The problem reduces largely to one of the quality of scientific information. The problem is to be able to distinguish from among information of varying degrees of quality and usefulness. (27 references) AS-M

Address for reprint requests: University of Arizona, Tucson, Arizona 85721

REFERENCE NUMBER 37

Au: Shapiro, Evelyn; Roos, Noralou P.

Ti: **Elderly Nonusers of Health Care Services: Their Characteristics and Their Health Outcomes**

So: Medical Care 23(3):247-257, 1985

Sociodemographic, health, and health care utilization data on a large representative sample of elderly, and multiple logistic regression, were used to compare persons making no visits to physicians for 2 years with those making few (one to three) visits but in contact with health practitioners. Results suggest that elderly nonusers are more likely than low users to be single, to have some degree of mental impairment, and to have low educational attainment. Using Cox's proportional hazards model to compare outcomes over the next 7 years, no differences were found in the subsequent hospitalization rate of the two groups, but nonusers were at greater risk of a hospitalization episode of 16+ days, and appeared to die sooner than low users. However, they were at no greater risk of poor health outcomes than elderly making four or more physician visits in 2 years. The policy implications of the findings are discussed. (30 references) AA

Address for reprint requests: Department of Social and Preventive Medicine, 750 Bannatyne Avenue, Winnipeg, Manitoba R3E 0W3 Canada

REFERENCE NUMBER 38

Au: Starfield, Barbara; Budetti, Peter P.

Ti: **Child Health Status and Risk Factors**

So: Health Services Research 19(6 Part II):817-886, 1985

In this article, the authors review the usefulness of information on children's health status and risk factors which are available from existing data bases and proposed a research agenda which calls for a change of focus from specific diseases to people themselves. According to this agenda, research toward understanding the demand for health care resources must incorporate 3 themes. The first is the development and application of generic measures of morbidity. The second is the development of a means for tracking the health of individuals in populations. And, third, the development and application of better methods to examine the impact of medical care on functional status and its effectiveness in preventing future morbidity and disability. (119 references) CH-P

Address for reprint requests: Division of Health Policy, Johns Hopkins University School of Hygiene and Public Health, 615 North Wolfe Street, Baltimore, Maryland 21205

REFERENCE NUMBER 39

Au: Thomas, Paula D.; Garry, Philip J.; Goodwin, Jean M.; Goodwin, James S.

Ti: **Social Bonds in a Healthy Elderly Sample: Characteristics and Associated Variables**

So: Social Science and Medicine 20(4):365-369, 1985

Social bonds were examined in 256 healthy, independent-living elderly men and women using the Interview Schedule for Social Interaction (ISSI). Multivariate techniques were used to test for relationships between six dimensions of social bonds, as measured by the ISSI, and demographic characteristics as well as scores from the Kellner-Sheffield Symptom Questionnaire, the Jacobs Cognitive Screening Exam, the Halstead Category Test and the Wechsler Memory Scale. The study participants reported involvement in a range of

satisfying, supportive, interpersonal relationships. Significant associations were found between social bonds and income, marital status, work status, and health status. Emotional status, cognitive functioning, and memory were found to be independent of social bonds in our statistical model. (20 references) AA

Address for reprint requests: James S. Goodwin, Department of Medicine, University of New Mexico School of Medicine, Albuquerque, New Mexico 87131

REFERENCE NUMBER 40

Au: Thorslund, Mats; Warneryd, Bo

Ti: **Methodological Research in the Swedish Surveys of Living Conditions: Problems of Measurement and Data Collection**

So: Social Indicators Research 16(1):77-95, 1985

In Sweden, surveys of living conditions have passed through the initial stages. We have been able to provide rough and broad descriptions of the health situation in different respects, housing standards within different population subgroups, distributions of income etc. Often the surveys, in Sweden as well as in other countries, have kept an acceptable standard with regard to sampling and non-response. However, regardless of whether the aim of the surveys is to supply relatively superficial statistics for official use or statistics for analytic research, a better control of measurement quality is needed. In this paper we present a summary of about ten years of methodological work conducted by Statistics Sweden on the Surveys of Living Conditions. (28 references) AA

Address for reprint requests: Department of Social Medicine, University of Uppsala, University Hospital, S-751 85 Uppsala, Sweden

REFERENCE NUMBER 41

Au: Trief, Paula; Stein, Norman

Ti: **Pending Litigation and Rehabilitation Outcome of Chronic Back Pain**

So: Archives of Physical Medicine and Rehabilitation 66(2):95-99, 1985

The effects of pending litigation for compensation on treatment outcomes of patients with chronic low back pain, were assessed. The 81 patients with chronic low back pain who participated in a six-week behavioral treatment program organized around the theme of self-control, were differentiated according to whether there were unsettled legal claims for compensation. Scales from the MMPI and Health Index were administered before and after treatment. Three behavioral measures of physical mobility were obtained from representative subsamples in each group before and after treatment and at one and three months follow-up. Results indicated that after treatment, patients without litigation pending obtained significantly greater reductions on the Hypochondriasis and Hysteria Scales of the MMPI and achieved relatively greater improvements on two behavior measures. Because patients with litigation pending also evidenced significant behavioral gains, the belief that these patients are at risk for treatment appears to be true only in relation to the patients without current litigation rather than in an absolute sense. (20 references) AA

Address for reprint requests: State University of New York, Upstate Medical Center, Syracuse, New York 13210

REFERENCE NUMBER 42

Au: Ward, Russell A.

Ti: **Informal Networks and Well-Being in Later Life: A Research Agenda**

So: Gerontologist 25(1):55-61, 1985

Information support networks of older people are generally extensive, but their contributions to subjective well-being are not clear. This reflects inadequate conceptualization and operationalization of social support. A conceptual model is suggested for investigating the contributions of informal networks to well-being, and suggestions are offered for operationalizing this model. (45 references) AA

Address for reprint requests: Department of Sociology, State University of New York at Albany, Albany, New York 12222.

REFERENCE NUMBER 43

Au: Wright, Stephen

Ti: **Subjective Evaluation of Health: A Theoretical Review**

So: Social Indicators Research 16(2):169-179, 1985

A broad range of empirical and theoretical studies relevant to subjective evaluation of health are reviewed. Five major areas of activity are distinguished: (1) analysis of lay conceptions of health; (2) development of comprehensive subjective health indicators; (3) investigation of the role of social comparison processes in the self-assessment of health and illness; (4) Empirical studies of life satisfaction and the contribution of health to global well-being; and (5) theoretical studies of life satisfaction and its components and correlates. Pointers to the most potentially fruitful channels along which to direct future research are noted -- specifically involving a detailed investigation of Multiple Discrepancies Theory. (27 references) AA

Address for reprint requests: Center for Health Economics, University of York, York YO1 5DD, United Kingdom.

REFERENCE NUMBER 44

Au: Yager, Ronald R.

Ti: **An Introduction to Applications of Possibility Theory**

So: Unpublished, New Rochelle, New York: Iona College, 1984

A new form of uncertainty called possibilistic uncertainty is introduced. As opposed to probabilistic uncertainty, which is based upon an additive measure and is applicable in cases of repeated experiments, possibilistic uncertainty is based upon a non-additive measure and is a generalization of the idea of ease of attainment in a situation. We discuss the properties of possibilistic uncertainty and describe some prototypical examples. We discuss the idea of language as being a generator of possibilistic variables. We introduce fuzzy subsets as a means of translating linguistic values into possibility distributions. We discuss the idea of approximate reasoning as a means of simulating a large class of human reasoning operations. We introduce a measure of specificity of a possibility distribution. We discuss applications of fuzzy set theory to intelligent querying of data bases and multiple objective decision making. Finally, we introduce some ideas from fuzzy arithmetic. (14 references) AA

Address for reprint requests: Machine Intelligence Institute, Iona College, New Rochelle, New York 10801

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Professional Journals Reviewed

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

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| Acta Psychiatrica Scandinavica 71(1-3) | Geriatrics 40(1-3) |
| American Behavioral Scientist 28(4) | Gerontologist 25(1) |
| American Economic Review 75(1) | Hastings Center Report 15(1) |
| American Economist 29(1) | Health Affairs 4(1) |
| American Journal of Economics and Sociology 44(1) | Health Education Quarterly 12(1) |
| American Journal of Epidemiology 121(1) 121(2) | Health Policy 4(3) |
| American Journal of Orthopsychiatry 55(1) | Health Psychology 4(1) |
| American Journal of Psychiatry 142(1-3) | Health Services Research 19(6) Parts I & II |
| American Journal of Public Health 75(1-3) | Health Values 9(1) |
| American Journal of Sociology 90(4) 90(5) | Human Organization 44(1) |
| American Political Science Review 79(1) | Human Relations 38(1) 38(2) |
| American Psychologist 40(1-3) | Inquiry (Chicago) 22(1) |
| American Sociological Review 50(1) | International Journal of Aging and Human Development 20(1) 20(2) |
| Applied Economics 17(1) | International Journal of Epidemiology 14(1) |
| Archives of Environmental Health 40(1) | International Journal of Health Services 15(1) |
| Archives of Physical Medicine and Rehabilitation 66(1-3) | Issues in Science and Technology 1(3) |
| Behavioral Science 30(1) | Journal of Accounting and Public Policy 4(1) |
| British Journal of Psychology 76(1) | Journal of Applied Behavioral Science 21(1) |
| British Journal of Sociology 36(1) | Journal of Applied Psychology 70(1) |
| Canadian Journal of Behavioral Science 17(1) | Journal of Behavioral Medicine 8(1) |
| Canadian Journal of Public Health 76(1) | Journal of Chronic Diseases 38(1) 38(2) |
| Child Welfare 64(2) | Journal of Econometrics 27(1-3) |
| Clinical Gerontologist 3(3) | Journal of Economic Literature 23(1) |
| Clinical Pediatrics 24(1-3) | Journal of Environmental Health 47(4) 47(5) |
| Clinical Psychology Review 5(1) | Journal of Epidemiology and Community Health 39(1) |
| Cognitive Psychology 17(1) | Journal of Experimental Child Psychology 39(1) |
| Cognitive Therapy and Research 9(1) | Journal of Experimental Social Psychology 21(1) |
| Community Mental Health Journal 21(1) | Journal of Family Practice 20(1-3) |
| Computers and Biomedical Research 18(1) | Journal of Gerontology 40(1) 40(2) |
| Computers in Biology and Medicine 15(1-3) | Journal of Health and Social Behavior 26(1) |
| Econometrica 53(1) 53(2) | Journal of Health Economics 4(1) |
| Economic Development and Cultural Change 33(2) | Journal of Medicine and Philosophy 10(1) |
| Economic Inquiry 23(1) | Journal of Nervous and Mental Diseases 173(1-3) |
| Economic Journal 95(377) 95(Suppl) | Journal of Pediatrics 106(1-3) |
| Evaluation Review 9(1) | Journal of Policy Analysis and Management 4(2) |
| Family and Community Health 7(4) | Journal of Policy Modelling 7(1) |

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 Journal of Social Policy 14(1)
 Journal of the American Geriatrics Society 33(1-3)
 Journal of the American Medical Association 253(1-4) 253(6-12)
 Journal of the Royal Society of Health 105(1)
 Journal of Trauma 25(1-3)
 Medical Care 23(1-3)
 Milbank Memorial Fund Quarterly 63(1)
 Multivariate Behavioral Research 20(1)
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 Sociology and Social Research 69(2)
 Sociology of Health and Illness 7(1)
 Sociological Methods and Research 13(3)
 Statistics in Medicine 4(1)
 World Health Forum 6(1)

Monographs, Government Documents and Unpublished Reports

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

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

Au: Engel NS
 Ti: **On the vicissitudes of health appraisal**
 So: ANS 1984 Oct;7(1):12-23

Little consensus exists for a definition of health. Economic and other forces are pushing health professionals to develop not only a definition of health consistent with the prevalent construct, holism, but also a means of quantifying health. One approach, which was used as part of a study to explore perceived health status among middle-aged women, was to select measures of specific dimensions of health and to sum scores on each. Factor analysis revealed validity to this approach when Perceived Health Status was operationally defined as the sum of scores on the Health Perceptions Questionnaire, the Affect Balance Scale, and the Life Satisfaction Index.

Au: Barros MB
 Ti: **(Mortality in Brazil in 1980)**
 So: Rev Saude Publica 1984 Apr;18(2):122-37 (article in Portuguese)

Au: da Silva MG
 Ti: **(Potential life years lost according to cause, in Fortaleza (Brazil), 1978-80)**
 So: Rev Saude Publica 1984 Apr;18(2):108-21 (article in Portuguese)

Au: Poelstra PA
 Ti: **Relationship between physical, psychological, social, and environmental variables and subjective sleep quality**
 So: Sleep 1984;7(3):255-60

In a survey study of patients of a general practitioner the relationship between sleep quality and a heterogeneous set of other variables was examined. The data file was divided randomly, and a two-staged multiple regression analysis was performed on each half. The two resulting regression equations were cross-validated on the data of the other data file. The variables mood, age, and use of medicine proved to have the most significant relationship to sleep quality.

Au: Doi T; Kahyo H
 Ti: **Changes of the mean birth weight in frequency tables with various number of classes—by prefecture, health center and city-town-village**
 So: Sangyo Ika Daigaku Zasshi 1983 Dec 1;5(4):373-85

When the mean birth weights (MBW) calculated from frequency tables are compared with each other, the methods for grouping data into class intervals should be taken into consideration. We integrated the lower and/or upper classes of the frequency tables

belonging to the type used in the Vital Statistics of Japan with 500 g intervals and 10 classes (less than or equal to 999, 1000-1499, ..., 4500-4999, 5000 more than or equal to) into neighboring classes, and observed the differences between both MBW and the standard deviations (SD) calculated from the original standard frequency tables (o method) and those from the above modified ones (a, ..., h method) at three community levels, namely, prefectural, health center (HC) and city-town-village level. At the prefectural level, MBW changed from -2 to 3 g through all the modified methods and SD changed most at -5 g in a, ..., d method. At the HC level, MBW changed from -3 to -6 g and SD changed most at -8 g in a, ..., d method. At the city-town-village level, MBW and SD did not change in over 50% of the communities, but the degrees of change were large in some communities where MBW or SD changed. The changes were larger in the case of integrating the lowest class into a class of more than or equal to 1499 g than that of integrating the highest class into a class of 4500 more than or equal to. Also they were larger in the case of integrating the lower two classes into a class of less than or equal to 1999 g than that of integrating the upper two classes into a class of 4000 g less than or equal to. We concluded that 1) MBW from the frequency tables where the lower classes were integrated should be carefully dealt with, especially at the small community level, but 2) the differences of population means between any method were not statistically significant and 3) if MBW from different frequency tables are compared with each other, reasonable differences of MBW depending on the methods of grouping and the size of the number of live births should be taken into account.

Au: Wolanski N
 Ti: **(Health--environmental conditions and positive measures)**
 So: Pieleg Polozna 1984;(6):16-7 concl (article in Polish)

Au: Pinsent RJ
 Ti: **The primary observer**
 So: Ecol Dis 1982;1(4):275-9

Mortality data served epidemiologists of a past generation well but morbidity data are of greater value. The notification of diseases of 'public health' interest should now be supplemented by the continuing observation of patterns of prevalence and incidence of all diseases. The methods of data recording developed by the Royal College of General Practitioners in the U.K. are ready for further development, making use of the vast information-handling capacity of modern computers. A network of intensively documented observer practices is envisaged, backed by an analytical and co-ordinating centre. The primary observers would be doctors presently engaged in primary health care. The organization and operation of such an epidemiological research network would be expensive. Were resources available the experience of the Research Division of the Royal College of General Practitioners would be invaluable.

Au: Wilder CS
 Ti: **Health characteristics by geographic region, large metropolitan areas, and other places of residence United States, 1980-81**
 So: Vital Health Stat (10) 1984 Sep;(146):1-91

Au: Gjertsen E
 Ti: **(Use of HESP (Health and Self-Care Deficiency Profile)--in the measuring of health status)**
 So: Sykepleien 1984 Oct 5;71(17):6-10, 33 (article in Norwegian)

- Au: Krusinska E; Liebhart J
 Ti: **(Area measurement—a new mathematical method of comprehensive evaluation of patient health status. Its use in cases of chronic obstructive lung disease)**
 So: Pneumonol Pol 1984 May;52(5):225-32 (article in Polish)
- Au: De Vanna M; Piemonte S
 Ti: **(Evaluation of the climate of well-being: as a social indicator of health)**
 So: Minerva Psichiatr 1984 Apr-Jun;25(2):71-4 (article in Italian)
- Au: McCusker J; Stoddard AM
 Ti: **Use of a surrogate for the Sickness Impact Profile**
 So: Med Care 1984 Sep;22(9):789-95

The use of a surrogate Sickness Impact Profile (SIP) score was investigated in a sample of 66 chronically or terminally ill homebound patients and their caretakers. Statistically significant differences in category scores (P less than 0.05) were found in only two categories. Profile analysis revealed no systematic differences between patient and caretaker responses, and agreement was generally quite high. Agreement of a surrogate SIP was somewhat lower if the patient was suffering from a terminal condition, if the patient had lower educational attainment, or if the caretaker did not live in the same household as the patient. Agreement did not appear to be affected by a diagnosis of a neurologic or psychiatric condition, by the patient's age or degree of dysfunction, or by the relationship of the caretaker to the patient. Overall, the results of the study are encouraging with regard to use of surrogate SIP total and dimension scores for group-level analysis of chronically ill patients if the surrogate is a family member who is closely involved in the patient's care.

Address requests for reprints: Division of Public Health, University of Massachusetts, Amherst, Massachusetts 01003

- Au: Korneliuk VA; Klemparskaia NN; Koshcheev VS; Reznichenko VIu
 Ti: **(Use of various indicators of the state of immunological reactivity and physiological functions for the evaluation of the health status of the population)**
 So: Gig Sanit 1984 Aug;(8):8-12 (article in Russian)
- Au: Hakama M; Pukkala E
 Ti: **The projection of chronic diseases using data on risk factors and risk factors intervention: the case of cancer**
 So: World Health Stat Q 1984;37(3):318-27
 Address requests for reprints: Finnish Cancer Registry, Helsinki, Finland
- Au: Manton KG
 Ti: **Methods and issues in the projection of population health status**
 So: World Health Stat Q 1984;37(3):294-305 (article in English and French)

The discussion of strategies for forecasting health status changes in human populations often becomes immersed in efforts to utilize simple projection strategies that will produce crude projections. The motivation behind this effort is that simple projection strategies have limited data requirements and the crude projection strategies will be, in some ill-defined sense, robust (i.e., insensitive to assumptions). Actually there is a wide range of projection tools available. It seems appropriate to appraise the nature and attributes of each when considering the uses to which the projections will be put. For example, simple models are not necessarily more robust than more sophisticated procedures, especially for longer term temporal projections. Clearly we have many examples in developed countries where the use

of simple actuarial or demographic projections has underestimated the true cost of a health programme by factors of 200-300%. The reason why the failures of such simple projection efforts become so rapidly manifest is that the programmes, once implemented, are expanded to meet the population's needs. In projecting only health services or utilization one has nearly a self-fulfilling prophecy--that resource constraints or the actual organization of the programme will directly determine the course of the level and mixture of health services consumption. Therefore failure to base the projections on a detailed model of underlying population needs leads in such cases to grossly inaccurate results. Clearly, projecting a population's health needs requires even more data than projecting health service requirements. Such information constraints require the use of a model to organize data from multiple objective and subjective sources, and to reflect the best scientific understanding of the processes involved. This article briefly discussed the application of 2 such models. One was designed for the analysis of discrete state health changes using population and vital statistics data, the other described both discrete and continuous changes using data from longitudinally followed community populations. One is designed to work only with detailed aggregate data with heavy inputs from scientific experts; the other deals with relatively information-rich measurements. Both can be modified on the basis of expert judgement to deal with simulations of a multiplicity of possible interventions. Both appropriately calculate the relative costs and benefits of select health initiatives. (ABSTRACT TRUNCATED AT 400 WORDS)

Address requests for reprints: Center for Demographic Studies, Duke University, Durham, North Carolina 27706

Au: Trevino FM; Moss AJ

Ti: **Health indicators for Hispanic, black, and white Americans**

So: Vital Health Stat (10) 1984 Sep;(148):1-88

Au: Huszar T

Ti: **Considerations on the use of some health indicators in the assessment of the population's living standard**

So: Sante Publique (Bucur) 1984;27(1):89-94

Au: Bertazzi PA

Ti: **(Validity of biological tests for the surveillance of exposed workers)**

So: Med Lav 1984 Jul-Aug;75(4):264-74 (article in Italian)

Au: Boyle MH; Torrance GW

Ti: **Developing multiattribute health indexes**

So: Med Care 1984 Nov;22(11):1045-57

This article reviews the procedures for developing a multiattribute health index for use in population health studies and program evaluations. The development of such indexes involves two steps: 1) the creation of a multiattribute health state classification system; and 2) the mapping of the system into a single metric scale. The system must be relevant for its intended use and as concise as possible. Because a limit exists in the number of attributes that can be included in the system while maintaining reliable measurement, there may be a trade-off between specificity of detail and breadth of coverage. When mapping the system into a scale of cardinal values, five issues arise: 1) the selection of a scaling technique; 2) the use of mathematic models to quantify health; 3) the selection of anchor points; 4) the selection of raters; and 5) the identification of factors that influence raters' judgments. The article reviews the procedures that are used, discusses the issues that arise, and proposes some solutions for the development of multiattribute health indexes.

Address requests for reprints: Department of Psychiatry, McMaster University, Hamilton, Ontario, Canada

Au: Fuchs, Victor R. (editor)
Ti: Economic Aspects of Health
So: Chicago, Illinois: University of Chicago Press, 1982

The papers included in this volume were presented at the second conference on health economics which was held in 1980. This meeting focused on one of the principal concerns of health economics--health status--as measured by indicators such as mortality, morbidity and disability. Within this broad area the ten papers in this volume can be placed into three separate categories. Four papers report the results of empirical investigations of the determinants of health status; four are empirical studies of the consequences of ill health, and two are theoretical treatments of health in relation to public policy.

Three papers in this volume are particularly relevant to persons who are interested in the development or application of health status measures. The paper by Victor Fuchs "Time Preference and Health: An Exploratory Study," reports the results of an exploratory effort in identifying the relationship between intertemporal choice, health behavior and health status. In the first section of the paper, the author briefly reviews some of the considerations that suggest that an investigation of time preference might throw light on health behavior and health status. These include empirical studies of the relation between schooling and health, epidemiological investigations of the health effects of activities such as cigarette smoking, diet, exercise, and theoretical issues concerning investment in human capital, imperfections in capital markets, and optimizing behavior. The second section of this paper considers the critical problem of the measurement of time preference and reviews some recent efforts by other investigators to measure time preference in contexts other than health.

The empirical portion of the paper reports the results of a telephone survey of 500 men and women aged 25-64 years. Time preference was measured by a series of six questions asking the respondent to choose between a sum of money now and a larger sum at a specific future time ranging from one to five years. The interest rates implicit in the questions varied from 10 percent to 50 percent per annum. Other questions dealt with family background, education, health behavior, health status, work and income variables, and expectations about inflation.

About two-thirds of the respondents gave consistent replies to the six money questions; any implied preference for a lower over a higher discount rate was defined as inconsistent. In analyses limited to the consistent replies, the implicit interest rate was found to be correlated with years of schooling (negative), cigarette smoking (positive), and health status (negative). Family background, especially religion, appears to be an important determinant of time preference.

The paper by Manning, Newhouse, and Ware, "The Status in Demand Estimation: Or, Beyond Excellent, Good, Fair, Poor," addresses two principal problems in the measurement of health--the time of measurement and the kind of health measures used. Most previous studies of the demand for medical care that have included a health status variable have measured health at time $t+1$ to help explain utilization during the period from t to $t+1$. The authors show that these health status measures yield inconsistent estimates and that health status measured in the initial period are not subject to such bias. This is true even if utilization does not affect health status; the problems with the former approach may be even greater if it does.

The authors critically review one frequently used measure of health, namely self-perceived health status, and conclude that it needs to be supplemented with measures of limitation of function, psychological state, and social activity as well as counts of symptoms and chronic diseases. They also suggest that measures of attitude towards and knowledge of medical care may be useful in explaining utilization.

The empirical work is based on 1,557 adults aged 18-61 years who participated in the first year of the Health Insurance Study and who answered self-administered questionnaires at both the start and end of the study year. The authors conclude that the more comprehensive measures of health status do increase explanatory power significantly; the gain in precision is at least equivalent to the 10 percent increase in sample size.

The chapter by Shepard and Zeckhauser, "The Choice of Health Policies with Heterogenous Populations," is a theoretical investigation of an important aspect of health policy. Heterogeneity among members of the population in their responsiveness to interventions is a central issue for policy-making. For example, battery plants are forced to make themselves safe for female workers in childbearing years, and air pollution standards are set supposedly to protect the most susceptible members of the population. Regulatory and reimbursement policies for health care may start by examining the consequences for health and resources offering different procedures to different categories of individuals, and then try to channel patients and providers in cost-effective directions. Society is increasingly confronting the salient issue of crafting policies that recognize heterogeneity within the population. This analysis provides some lessons and principles that might make the confrontation more productive.

The authors hope to have demonstrated that: (1) population heterogeneity may be an important factor even when heterogeneity is latent; (2) traditional methods for predicting the benefits of interventions in populations with latent heterogeneity are biased; (3) the bias generally causes us to overstate the benefits and cost-effectiveness of helpful interventions; (4) attention to latent heterogeneity can improve inferences and extrapolations about the benefits alternative policies will provide to populations; (5) observed heterogeneity raises interesting efficiency and equity issues in setting priorities for receipt of interventions; and (6) calculations attending to heterogeneity are feasible as a guide when making policy choices.

Au: Hartunian, Nelson S.; Smart, Charles N.; Thompson, Mark S.

Ti: The Incidence and Economic Costs of Major Health Impairments

So: Lexington, Massachusetts: Lexington Books, 1981

This book provides a profile of the incidence and costs of four major health conditions in the United States, namely, (1) coronary heart disease, (2) cerebrovascular disease, (3) cancer, and (4) motor vehicle injuries. The authors present a comprehensive discussion of the study methodology including the general techniques used (1) to estimate the annual incidence of disease and injuries, (2) to project mortality and survival rates for individuals suffering from particular health conditions, and (3) to calculate direct and indirect costs. Also presented are discussions on sensitivity analysis, the numerical differences between the prevalence and incidence approaches, and the data bases used in this three-year study. In separate chapters, the methodology is applied to evaluate the annual consequences of each of the four health conditions. Incidence, survival rates, direct and indirect costs are all estimated and a sensitivity analysis is performed to determine the effect on total costs of particular assumptions and uncertain parameter values.

The authors believe that the cost estimates presented in this book will be of special interest to policymakers concerned with public health problems. However, the data should also be of potential value to other individuals and organizations, such as insurance companies and health maintenance organizations, other medical practitioners and health-care administrators who do not have specific responsibility for funding of illness related costs or for implementation of programs, and lawyers engaged in tort action proceedings. Indeed, the comparison of the costs attributable to these four major impairment conditions has relevance for those who see their relative economic magnitudes as at least a partial indicator of their relative societal impacts.

**Regional Meeting of the New England Psychological Association
New Haven, Connecticut 18-19 October 1985**

For additional information contact:

Donald Wertlieb
Department of Child Safety
Tufts University
Medford, Massachusetts 02155

**Seventh Annual Meeting of the Society for Medical Decision Making
Pacific Grove, California 21-23 October 1985**

The Society for Medical Decision Making is an international society promoting the theory and practice of medical decision making through the application of analytic methods. Papers on the program will include topics such as:

Health care technology assessment;
Measurement of health outcomes;
Cognitive and attitudinal aspects of decision making;
Ethical issues in decision making;
Assessment of patients' utilities for health outcomes;
Cost-effectiveness analysis, public health, and health policy;
Methodology in decision analysis.

For additional information about the Program contact:

Allan S. Detsky
Division of General Internal Medicine
Toronto General Hospital, Eaton NG-246
Toronto, Ontario M5G 1L7

In conjunction with the annual meeting, the Society will sponsor two one-day courses in medical decision making on Sunday, October 20, entitled:

Course A. Fundamentals of Medical Decision Making, and
Course B. Advanced Topics in Medical Decision Making.

For registration information regarding these courses contact:

Ruth M. McDevitt
The Society for Medical Decision Making
Mail Location 577
University of Cincinnati Medical Center
Cincinnati, Ohio 45267
(513) 872-4282

**Annual Meeting of the Association for American Medical Colleges
Washington, D.C. 26-31 October 1985**

The Association for Faculty in the Medical Humanities, a section of the Society for Health and Human Values, is planning to hold a conference during the above meeting. Topics relating to health care and traditional concerns of the humanities will be covered.

For additional information contact:

David Barnard
Institute for Medical Humanities
University of Texas Medical Branch
Galveston, Texas 77550

**113th Annual Meeting of the American Public Health Association
Washington, D.C. 21-27 November 1985**

The theme for this meeting is "Government's Responsibility and the People's Health." The program will emphasize the concept of reasserting the critical role of government in public health. The preliminary program is published in the August issue of the American Journal of Public Health.

At this year's annual meeting, a Workshop on Health Status Measures will be held as one of Continuing Education offerings.

The goals of this Workshop are to:

- review existing health status measures in terms of their theoretical basis, orientation to values, established reliability and validity, and previous application; and,
- give participants experience in appraising measures critically for possible use in their work.

The major objective is to improve the competence of health professionals who are using or thinking about using health status or health-related quality of life measures. After the workshop, the participants should be able to:

- o identify the conceptual framework underlying different health status measures;
- o identify how different measures or components of measures have been weighted;
- o identify the different uses of health status measures;
- o critically assess the established reliability and validity of existing measures;
- o identify health status measures appropriate for different uses in their work;
- o list the main sources of information about health status measures; and
- o know how to contact developers of specific health status measures.

For additional information about the Annual Meeting or the Continuing Education program contact:

American Public Health Association
1015 15th Street, N.W.
Washington, D.C. 20005
(202) 789-5674

**Annual Scientific Meeting of the Gerontological Society
New Orleans, Louisiana 22-26 November 1985**

The theme for this meeting is "Aging Through Time: The Temporal Dimension."

For additional information contact:

Jenny Youngdahl
Gerontological Society of America
1411 K Street, N.W., Suite 300
Washington, D.C. 20005
(202) 393-1411

New Publications in the NCHS Vital and Health Statistics Series

"Changes in Mortality Among the Elderly: United States, 1940-78." Series 3, Number 22.

Mortality statistics for people 65 years of age and over by age and sex are presented for 1940-78. Data on leading causes of death are shown for 1950-78. Quality of data, projections and the consequences of future growth of the elderly are also discussed. Cross-national trends in mortality for the elderly are also examined.

Price: \$3.25; GPO stock number: 017-022-00783-5

"Changes in Mortality Among the Elderly: United States, 1940-78." Supplement to 1980. Series 3, Number 22a.

Revised mortality data for 1971-78 and updated data for 1979 and 1980 are presented for the population 65 years of age and over by age and sex. Revisions are based on new population estimates for 1971 through 1979 resulting from the 1980 census. All tables presented in this supplement supersede those in Series 3, Number 22.

Price: \$2.00; GPO stock number: 017-022-00839-4

"Health Characteristics According to Family and Personal Income: United States." Series 10, Number 147.

Estimates of health characteristics including limitation of activity due to chronic conditions, assessed health status, incidence of acute conditions and days in bed due to illness or injury, physician and dental visits, and short-stay hospital days are shown by family and personal income and other sociodemographic characteristics. Estimates are based on data collected in household health interviews in 1979 and 1980.

Price: \$3.00; GPO stock number: 017-022-00863-7

"Health Indicators for Hispanic, Black, and White Americans." Series 10, Number 148.

Statistics on health characteristics for Mexican Americans, mainland Puerto Ricans, Cuban Americans, and "other Hispanic" populations are compared with those for white and black non-Hispanic persons. The topic areas include utilization of health services as measured by physician visits, dental visits, and hospitalizations; and illness and disability measures including incidence of acute conditions by condition group, days of restricted activity, days spent in bed and days missed from work because of illness and injury, and activity limitation associated with chronic conditions. Estimates are based on data collected in health interviews during 1978, 1979, and 1980.

Price: \$3.25; GPO stock number 017-022-00853-0

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The Johns Hopkins School of Hygiene and Public Health announces opportunities for advanced study in public health economics through a new interdepartmental program sponsored by the Departments of Health Policy and Management, International Health, and Population Dynamics. Applications are invited for masters and doctoral degree programs, post-doctoral study, and individualized study programs. The program focuses on application of economic models and methods to a range of public health concerns in developed and developing countries: demographic issues, program evaluation, protection from health hazards, and health promotion.

For further information contact David S. Salkever, Room 4508, Johns Hopkins School of Hygiene and Public Health, 615 N. Wolfe Street, Baltimore, Maryland 21205. Telephone (301) 955-3141.

National Rehabilitation Information Center (NARIC) -- A Description

The Rehabilitation Information Service and Research Library is funded by the U. S. Department of Education, National Institute of Handicapped Research (NIHR): to offer access to research reports funded by the NIHR and Rehabilitation Services Administration (RSA); to make information available on assistive devices; and to disseminate other rehabilitation resources. The purpose is to provide researchers, disabled persons, direct service providers, rehabilitation professionals, educators/students, and librarians with information needed to meet their goals.

To accomplish this task the following resources are available:

- o **REHABDATA** System: a computerized listing of rehabilitation literature and materials containing over 10,000 items;
- o **ABLEDATA** System: a computerized listing of commercially available aids for rehabilitation and independent living;
- o **NARIC Library:** this library includes documents and audiovisual materials listed on the REHABDATA database that is housed at the NARIC facility as part of the NARIC Library collection. NARIC also provides Information Specialists that can assist you directly with your specific request. This type of service includes database searches, library research and research analysis.

Additional information can be obtained from:
National Rehabilitation Information Center, The Catholic University of America, 4407 Eighth Street, N.E., Washington, DC 20017 or call (202) 635-5826

Listing of Sentinel Health Events' Articles -- A Special Bibliography

The Clearinghouse on Health Indexes maintains an up-to-date file on Sentinel Health Events. A Sentinel Health Event (SHE) is defined as a "preventable disease, disability, or untimely death whose occurrence serves as a warning signal that the quality of preventive and/or therapeutic medical care may need to be improve" (Rutstein, et al., 1976). The following list of citations has been compiled from the data base of the Clearinghouse on Health Indexes. The original article on SHE (Rutstein et al., 1976) as well as recent applications of this methodology have been selected for inclusion in this special bibliography. Items are listed in order by date of publication, with the most recent being listed first. Users are invited to send relevant research reports to the Clearinghouse for inclusion in its files.

- Au: Woolhandler, Steffie; Himmelstein, David U.; Silber, Ralph; Bader, Michael; Harnly, Martha; Jones, Alice A.
 Ti: **Medical Care and Mortality: Racial Differences in Preventable Deaths**
 So: International Journal of Health Services 15(1):1-22, 1985
- Au: Rutstein, David D.
 Ti: **Research Needs and Opportunities: The Role of Occupation and Environment in Pathogenesis: The Principle of the Sentinel Health Event and Its Application to the Occupational Diseases**
 So: Archives of Environmental Health 39(3):158, 1984
- Au: Rutstein, David D.; Mullan, Robert J.; Frazier, Todd M.; Halperin, William E.; Melius, James M.; Sestito, John P.
 Ti: **Sentinel Health Events (Occupational): A Basis for Physician Recognition and Public Health Surveillance**
 So: Archives of Environmental Health 39(3):159-168, 1984
- Au: Rutstein, David D.; Mullan, Robert J.; Frazier, Todd M.; Halperin, William E.; Melius, James M.; Sestito, John P.
 Ti: **Sentinel Health Events (Occupational): A Basis for Physician Recognition and Public Health Surveillance**
 So: American Journal of Public Health 73(9):1054-1062, 1983
- Au: Charlton, J.R.H.; Silver, R.; Hartley, R.M.; Holland, W.W.
 Ti: **Health Care: Geographical Variation in Mortality from Conditions Amenable to Medical Intervention in England and Wales**
 So: Lancet 1 (March 26):691-696, 1983
- Au: Rutstein, David D.; Berenberg, William; Chalmers, Thomas C.; Child, Charles G., 3rd; Fishman, Alfred P.; Perrin, Edward B.
 Ti: **Measuring the Quality of Medicial Care: A Clinical Method**
 So: New England Journal of Medicine 294 (March 11):582-588, 1976

What is the status of health status indicators? It is now 12 years since Seth Goldsmith wrote his review article of similar title and there have been some changes both in the quantity and content of health status literature in the intervening years. With regard to the number of both published and unpublished reports, in 1973 there were only a handful of articles which addressed the theoretical and practical issues of measuring health in some way other than single indicators of morbidity and mortality. By contrast, the literature today is voluminous. One indication of the growth in the body of health status literature is the more than doubling of the number of citations in the Bibliography on Health Indexes over the past 12 years. Another indication is the National Library of Medicine's addition of the term health status indicators to its list of Medical Subject Headings (MeSH).

As mentioned above, the content of the articles has also changed. This can be analyzed using a two-dimensional classification scheme with substantive focus on one axis and theoretical foundation on the other. First, looking at the focus of the health status literature over time, it can be seen that the emphasis shifted towards the application of various composite measures for both clinical and policy decision making. Some have taken the approach that each problem is unique and therefore the existing standardized measures are of limited use. Investigators following this line of reasoning often either modify existing instruments or develop additional measures which collect data of particular relevance to the target population. In either case, the investigator is faced with establishing the validity and reliability of the resultant measure.

Second, the theoretical foundations being used in either the development or application of composite health status measures seems to have changed over the past 15 years, the period when the current generation of composite measures of health, for example, the Quality of Well-Being Scale, the Rand Health Insurance Study instruments and the Sickness Impact Profile, was being developed. These measures were developed from the health services research perspective and draw upon theories from economics, psychology and sociology in formulating operational definitions of health. More recently the role of health services researchers in the development and applications of these measures has become less dominant. It seems that much of the innovation in this area of measurement is now being put forth by clinicians. One indication of the increasing involvement of clinical practitioners is the formulation, growth and activity of the Society for Medical Decision Making.

The relative importance of this shift from dominance by one group to dominance by another rather than a balance between the two can be seen if one considers that one way of meeting the increasing costs of collecting data, both in terms of direct costs such as the cost of a survey and of indirect costs such as respondent burden, is to integrate micro, e.g., clinical, and macros levels, e.g., population health surveys, of data. Furthermore, the relative lack of importance which the health services research community places on the continued research in health status assessment poses potentially serious practical problems for ever developing the needed balance.

Pennifer Erickson
Editor

Readers are encouraged to:

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

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

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

Why "Indexes"?

In the health field the terms "index" and "indicator" have been used interchangeably when the primary measure of health status was a single measure such as a mortality rate or life expectancy. More recently, however, research efforts have focused on developing composite measures which reflect the positive side of health as well as changing disease and death patterns. Progress is being made; and the resultant health status measures are being applied. Although the measures have become more complex, the terms "index" and "indicator" are still used interchangeably. In providing information to assist in the development of composite health measures, the Clearinghouse has adopted the following definition: a health index is a measure 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 is kept on file in the Clearinghouse. Domestic and foreign sources of information will include the following types of published and unpublished literature: articles from regularly published journals; books, conference proceedings, government publications, and other documents with limited circulation; speeches and unpublished reports of recent developments; and reports on grants and contracts for current research. The Clearinghouse will systematically search current literature and indexes of literature to maintain an up-to-date file of documents and retrospectively search to trace the development of health indexes. Specifically, items will be included if they:

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

What Services?

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

How to Use!

Everyone interested in either purchasing the Bibliography on Health Indexes or information about the publication of each new issue is invited to fill out the form below or write to the following address:

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- 9 Harvey, Charles M.: Assessment of Preferences by Conditions on Pricing-Out Amounts: Operations Research 33(2):443-454, 1985
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