

Clearinghouse on Health Indexes

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Public Health Service

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

BIBLIOGRAPHY ON HEALTH INDEXES

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BIBLIOGRAPHY on HEALTH INDEXES

INTRODUCTION

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

Annotations

Published articles listed in this section have been identified from the National Library of Medicine online data files and Current Contents: Social and Behavioral Sciences for the first three months of 1979. In addition, the Clearinghouse routinely searches over 60 journals. Each new issue is examined for book reviews, current research funding, and forthcoming conferences as well as pertinent articles. Journal titles and actual volume number searched are listed on pages 5 and 6. Many of the journals routinely searched are also listed in the reference sources (Index Medicus and Current Contents); this overlap provides assurance that relevant titles are identified.

The unpublished articles cover work in progress and articles accepted for publication.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

Book Reviews

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

Conferences

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

Bulletin Board

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

BIBLIOGRAPHY on HEALTH INDEXES

Format

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

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

Reprints

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

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BIBLIOGRAPHY on HEALTH INDEXES

SOURCES of INFORMATION (January-March 1979)

Current Contents: Behavioral and Social Sciences

Volume 11, Numbers 1-13 total issues

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

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

The following journals were searched for information on health indexes:

ABS (American Behavioral Science) 22(3) 22(4)
American Economic Review 69(1)
American Journal of Economics and Sociology 38(1)
American Journal of Epidemiology 109(1) 109(2) 109(3)
American Journal of Public Health 69(1) 69(2) 69(3)
American Journal of Sociology 84(4) 84(5)
American Psychologist 34(1) 34(2) 34(3)
American Sociological Review 44(1)
American Sociologist 14(1)
Annals of the American Academy of Political
and Social Sciences 441 442
Archives of Physical Medicine and Rehabilitation
60(1) 60(2) 60(3)
Behavioral Science 24(1) 24(2)
British Journal of Sociology 30(1)
Canadian Journal of Public Health 70(1)
Community Mental Health Journal 15(1)
Computers and Biomedical Research 12(1)
Contemporary Psychology 24(1) 24(2) 24(3)

BIBLIOGRAPHY on HEALTH INDEXES

Demography 16(1)
Hastings Center Report 9(1)
Health Care Management Review 4(1) 4(2)
Health Services Research 14(1)
Inquiry (Chicago) 16(1)
International Journal of Epidemiology 8(1)
International Journal of Health Education 22(1 Suppl)
International Journal of Health Services 9(1)
Journal of Chronic Diseases 32(1/2) 32(3)
Journal of Community Health 4(3)
Journal of Economic Literature 17(1)
Journal of Gerontology 34(1) 34(2)
Journal of Health and Social Behavior 20(1)
Journal of Health Politics, Policy and Law 3(4)
Journal of School Health 49(1) 49(2) 49(3)
Journal of Social Issues 35(1)
Journal of Social Policy 8(1)
Management Science 25(1) 25(2) 25(3)
Medical Care 17(1) 17(2) 17(3) 17(3 Suppl)
Medical Care Review 36(1) 36(2) 36(3)
Milbank Memorial Fund Quarterly 57(1)
New England Journal of Medicine 300(1-16)
Operations Research 27(1) 27(2)
Perspectives in Biology and Medicine 22(2)
Population Studies (London) 33(1)
Preventive Medicine 8(1) 8(2)
Public Health Reports 94(1) 94(2)
Public Opinion Quarterly 43(1)
Review of Economics and Statistics 61(1)
Social Forces 57(3)
Social Indicators Research 6(1)
Social Policy 9(4) 9(5)
Social Problems 26(3)
Social Psychology Quarterly 42(1)
Social Science and Medicine 13A(1) 13A(2) 13B(1)
13C(1) 13D(1)
Social Science Research 8(1)
Social Security Bulletin 42(1) 42(2) 42(3)
Social Service Review 53(1)
Socio-Economic Planning Sciences 13(1) 13(2)
Technology Review 81(4) 81(5)
Theoretical Population Biology 15(1)
Topics in Health Care Financing 5(3)

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

BIBLIOGRAPHY on HEALTH INDEXES

Initials following each abstract indicate the source

AA=Author Abstract AS=Author Summary

-M=Modified by Clearinghouse CH- =Clearinghouse Abstract

ANNOTATIONS

REFERENCE NUMBER 1

Au: Anderson, Thomas P.; Baldrige, Maureen; Ettinger, Milton G.

Ti: Quality of Care for Completed Stroke Without Rehabilitation: Evaluation by Assessing Patient Outcomes

So: Archives of Physical Medicine and Rehabilitation 60(3): 103-107, 1979

Using the method of quality assurance of stroke rehabilitation by assessing patient outcomes on the basis of a modification of the Williamson Functional Limitation Scale (WFLS), 84 patients (group H) with completed stroke were surveyed 8 months to 13 years following treatment without rehabilitation. Because a greater percentage (42 percent) than estimated (29 percent) had died, the percentage of those not independent in self-care (31 percent) was less than estimated (46 percent). These patients were not matched with a group given rehabilitation (group U) but were generally less severely involved, although older on the average. Even so, only 47 percent of those still living were independent in self-care in group H in contrast to 69 percent in group U. Although the modified WFLS is used in outcome studies for quality of rehabilitation, it is even sensitive enough to show differences in outcomes in a comparative study such as this. (2 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 2

Au: Andrews, Frank M.; Inglehart, Ronald F.
Ti: The Structure of Subjective Well-Being in Nine Western
Societies
So: Social Indicators Research 6(1):73-90, 1979

The structure of subjective well-being is analyzed by multidimensional mapping of evaluations of life concerns. For example, one finds that evaluations of income are relatively strongly related to evaluations of standard of living, but weakly related to evaluations of health. These structures show how evaluations of life components fit together and hence illuminate the psychological meaning of life quality. They can be useful for determining the breadth of coverage and degree of redundancy of social indicators of perceived well-being. Analyzed here are data from representative sample surveys in Belgium, Denmark, France, Germany, Great Britain, Ireland, Italy, Netherlands, and the United States. Results suggest that comparative research on subjective well-being is feasible within this group of nations.

(20 references) AA-M

REFERENCE NUMBER 3

Au: Barofsky, Ivan; Sugarbaker, Paul H.
Ti: Quality of Life Assessment, Cancer Treatment and Clinical
Trials
So: Presented at the annual meeting of the American
Psychological Association in Toronto, Ontario,
Canada, August 28, 1978

This paper reports on the results of a randomized clinical trial in which patients with soft tissue sarcoma of the limb were assigned to one of two regimens. On one of these regimens the limb was amputated; on the other, the limb was spared. The outcomes of the two treatments were assessed using a battery of behavioral and/or functional health status measures including the Sickness Impact Profile (SIP), the Barthel index and the Katz index of ADL. Results from the nine amputees and the 13 limb-spared patients indicated no difference between the regimens on the health status measures.

(0 references) CH-P

REFERENCE NUMBER 4

Au: Bergler, Reinhold
Ti: Personal Hygiene and Personality: Mutual Effect of Physical
Health and Mental Health
So: Krankenpflege 32(9):303-305, 1978 (article in German)

(0 references)

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 5

Au: Berkman, Lisa F.; Syme, S. Leonard
Ti: Social Networks, Host Resistance, and Mortality: A Nine-Year
Follow-Up Study of Alameda County Residents
So: American Journal of Epidemiology 109(2):186-204, 1979

The relationship between social and community ties and mortality was assessed using the 1965 Human Population Laboratory survey of a random sample of 6928 adults in Alameda County, California and a subsequent nine-year mortality follow-up. The findings show that people who lacked social and community ties were more likely to die in the follow-up period than those with more extensive contacts. The age-adjusted relative risks for those most isolated when compared to those with the most social contacts were 2.3 for men and 2.8 for women. The association between social ties and mortality was found to be independent of self-reported physical health status at the time of the 1965 survey, year of death, socioeconomic status, and health practices such as smoking, alcoholic beverage consumption, obesity, physical activity, and utilization of preventive health services as well as a cumulative index of health practices.
(44 references) AA

REFERENCE NUMBER 6

Au: Calian, Carnegie Samuel
Ti: Theological and Scientific Understandings of Health
So: Hospital Progress 59(12):45-47, 61-62, 1978

A pilgrimage to discover the meaning of "health" begins with religious and scientific definitions of the term. The ideas of thinkers such as Tillich, Hiltner, Lapsley, and Illich are briefly explored, as is the unrealistic American insistence on complete and constant physical well-being. This leads to the consideration of a holistic concept of health and the suggestion of theological guidelines for a Christian approach to defining health.
(8 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 7

Au: Cayten, C. Gene

Ti: Steps in Index of Injury/Illness Severity Development

So: Emergency Medical Services 7(6):103-106, 1978

In the process of developing reliable and valid indexes to measure the severity of patient illness and injury, the Function Limitation Scale (FLS) was developed. This scale, which combines assessment from six categories of patient function: motor, mental, cardiorespiratory, excretory, alimentary and gastrointestinal elimination, was used to assess or predict patient status at seven time points throughout the emergency care process. The reliability and validity of the FLS were assessed using a small sample of subjects (N=12) from the emergency departments of cooperating Philadelphia hospitals.

(6 references) CH-P

REFERENCE NUMBER 8

Au: Coburn, David

Ti: Job Alienation and Well-Being

So: International Journal of Health Services 9(1):41-59, 1979

This paper analyzes the relationships between alienation conceived as monotonous, repetitive work and alienation as job-worker incongruence to a variety of measures of worker well-being among a population of workers (N=780) from Victoria, British Columbia. The data show weak relationships between work perceived as monotonous and general psychological and physical well-being and between alienation as job-worker incongruence and health. A psychological well-being index was constructed by combining self-assessed happiness and a ten-item index measuring the number of psychological symptoms experienced; the items were equally weighted. Physical well-being was measured by combining self-assessed health with the number of disability days experienced in the past year. Results are presented, and societal implications of the findings are discussed.

(30 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 9

Au: Damiani, Paul; Masse, Helene

Ti: Definition d'un Indicateur du Niveau de Sante Lie aux
Causes de Deces

So: Journal de la Societe de Statistique de Paris 119(4):357-366,
1978

In this paper, the method of the principal components has been applied to the death rates of the leading causes of death in France by sex, for 45-64 years age group and for the 1968-1970 period. The first principal component can be seen as an indicator of the health level. It is mostly in connection with cirrhosis of liver, alcoholism and accidents. The second principal component is explained, for a great part, by the heart diseases.

(7 references) AA

REFERENCE NUMBER 10

Au: Eisen, Marvin; Ware, John E., Jr.; Donald, Cathy A.;

Brook, Robert H.

Ti: Measuring Components of Children's Health Status

So: Medical Care 17(9):902-921, 1979

Measures of physical, mental, and social components of health status and general health ratings were studied for children ages 0-4 (N=679) and 5-13 (N=1473). Questionnaires were completed by adult proxies (usually mothers) in three generally healthy populations. Hypothesized multi-item scales were tested; reliability was estimated, and preliminary attempts at validation were undertaken. Items in ten scales pertaining to mental health, social health, general health ratings, as well as parental satisfaction with child development, satisfied Likert-type and discriminant validity criteria. Because functional limitation items were endorsed for very few children, scales to measure physical health could not be tested. All other scales were sufficiently reliable for group comparisons; reliability coefficients were lower in the most disadvantaged population. Interrelationships among scales and validity variables generally supported their construct validity and supported a multi-component model of children's health status.

(19 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 11

Au: Etzioni, Amitai

Ti: How Much Is a Life Worth?

So: Social Policy 9(5):4-8, 1979

Currently, there is considerable debate about environmental factors which impact on health. On the one side, business leaders are concerned about the cost of maintaining a certain quality of life; on the other, environmentalists and consumer advocates are concerned about industry's social responsibility. Most individuals hold more moderate views, i.e., they are willing to pay for some benefits but are also willing to accept some risks. The author argues that policymakers need to be able to measure how much a life is worth. In support of this view, Etzioni notes that there is little evidence that use of data in making decisions is harmful. Rather, data will help us use resources more sensibly.

(references unavailable) CH-P

REFERENCE NUMBER 12

Au: Fillenbaum, G.G.

Ti: Social Context and Self-Assessments of Health Among the Elderly

So: Journal of Health and Social Behavior 20(1):45-51, 1979

Self-assessments of health made by randomly selected mentally capable older persons in the community (N=937) and in institutions (N=61) were compared with objective measures of their health (number of problems, different medicines used, number of diagnosed illnesses). Data were collected using the OARS questionnaire. Self-assessment was found to be related to these objective health measures among community residents but not among those in institutions. Among community residents, but not among those in institutions, there were also sex-related differences, women having a poorer objectively assessed health status for a given self-assessment of health than men. These findings extend those of others which indicate that health self-assessments reflect actual health status (and so are useful in surveys), by showing that the accuracy of the information obtained can be enhanced when the sex of the respondent is taken into account.

(14 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 13

Au: Fries, Brant E.

Ti: Bibliography of Operations Research in Health Care Systems:
An Update

So: Operations Research 27(2):408-419, 1979

This bibliography classifies articles into 18 sections, including health status and health planning and program evaluation, according to their areas of application. Only articles that employ methods of operations research and that address problems in the design, management, operations or planning of health care systems are included. Also, the listing has been restricted to periodical literature appearing in English.

(352 references) CH-P

REFERENCE NUMBER 14

Au: Gorry, G. Anthony; Goodrich, Thelma Jean

Ti: On the Role of Values in Program Evaluation

So: Evaluation Quarterly 2(4):561-572, 1978

The purpose here has been to emphasize the need to supplement conventional methods of evaluation with methods that take into account the diverse values held by various participants in a program. Experience with evaluation in a multidisciplinary biomedical research center has underscored this need. Techniques which combine judgments of worth with assessments of outcome can be used in a number of ways to add significantly to the utility, applicability, and scope of evaluative reports. The primary benefit of such techniques, however, is that judgments of worth are explicitly stated so that they can be openly discussed, monitored for changes over time, recognized as a source of conflict, and identified as a major influence in program evaluation.

(7 references) AS

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 15

Au: Holcik, J.

Ti: A Brief Survey of Methods Used in the Assessment of the Health Status of a Population

So: Ceskoslovenske Zdravotnictvi 26(8-9):344-353, 1978 (article in Czechoslovakian, summaries in English and Russian)

The paper deals with hitherto used methods of assessment of the health status of the population which are classified by sources of information. The author deals with methods based on an analysis of data on deceased and sick patients and a description of methods of recording other sources of information and their combinations. A brief account of different procedures is supplemented by an extensive list of literature which renders further investigations possible. (61 references) AS

REFERENCE NUMBER 16

Au: Klein, M.; Schlettwein-Gsell, D.; Abelin, Th.

Ti: Health and Handicaps in the Population Older Than 65 Years of Age in Basel and Bern

So: Sozial-und Praeventivmedizin 23(4):271-272, 1978 (article in German, summary in English)

A preliminary communication is made about an epidemiological survey concerning the habits and problems of the elderly in Switzerland. Special interest is given the aspects of health and competence in the activities of daily life. Data about self-rated health status as well as degree of restriction in the activities of daily life are presented. No sex differences were found in these two dimensions. When looking at the different age groups, perceived health does not vary with age, whereas the frequency of self-rated dependency is nearly eight times higher among those aged 85 + (55.5 percent) compared to those aged 65 - 74 (7.4 percent). Further analyses will test hypotheses about selective mortality, sex roles and adaptation to different types of handicaps. (4 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 17

Au: Kozma, Albert; Stones, M.J.

Ti: Some Research Issues and Findings in the Study of
Psychological Well-Being in the Aged

So: Canadian Psychological Review 19(3):241-249, 1978

In this review some of the current issues in the investigation of psychological well-being in the aged were discussed. The major research concerns include the diverse conceptualizations of well-being by various experimenters, the differences in the experimental procedures employed by such investigators, and the relationship between well-being and a host of related variables such as activity level, personality and health. The reviewers concluded that a narrow conceptualization of well-being in terms of "current happiness" and the use of longitudinal as opposed to cross-sectional studies would lead to a better understanding of the relationship between well-being and other variables affecting the well-being of the aged.

(56 references) AA

REFERENCE NUMBER 18

Au: Linnerooth, Joanne

Ti: The Value of Human Life: A Review of the Models

So: Economic Inquiry 17(1):52-74, 1979

This paper reviews four consumer maximization models where the probability of premature death enters as a variable that is both known to the consumer and under his control. These models generate a number of interesting results with respect to a person's willingness to pay for an increased chance of living. The most useful to the cost-benefit analyst is the derived relationship between this willingness-to-pay value and a person's lifetime earnings, and thus the relationship between the theoretically correct willingness-to-pay approach to the valuation of life-saving programs and the widely used human-capital approach. The conclusion of this review is that in the absence of available data on personal demand for increased survival probability, it is impossible to determine the relationship between the willingness-to-pay and the human-capital approaches to placing a value on human life.

(41 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 19

Au: McAuliffe, William E.

Ti: Measuring the Quality of Medical Care: Process Versus Outcome

So: Milbank Memorial Fund Quarterly 57(1):118-152, 1979

This article examines relevant empirical evidence and the logic of major arguments relating to process versus outcome measurement. The arguments include assertions concerning practical data problems, impacts on medicine and the public interest, and measurement validity. Analysis reveals that outcome measures are not clearly superior: They are less direct than process measures, they have major practical problems, and their validity has rarely been tested empirically. Although process measures have been studied more often than outcome measures, the extent of the validity and effectiveness of process assessments is also virtually unknown because the research methods used up to now have been inadequate. Thus, there is little reason for favoring outcome assessments over process.

(61 references) AS

REFERENCE NUMBER 20

Au: McDowell, Ian W.; Martini, Carlos J.M.; Waugh, W.

Ti: A Method for Self-Assessment of Disability Before and After Hip Replacement Operations

So: British Medical Journal 2(6141):857-859, 1978

A standardized form was developed to review the daily problems suffered by patients with arthritis of the hip and provide clinicians with information for planning treatment and in judging subsequent progress. The reports made by various patients in a preliminary study provided 81 statements on pain, restricted movements, and restricted activities that were then tested to identify the most reliable. The responses of 32 patients waiting for hip replacements and 66 patients who had undergone operations were compared with independent assessments of pain and physical limitations. The 33 statements eventually selected were chosen mainly on the basis of their sensitivity to differences between preoperative and postoperative patients and their correlation with the independent assessments. This index provides a valid and concise summary of a patient's disabilities and is simple enough for the patient to complete while waiting to see the doctor.

(10 references) AS

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 21

Au: Meers, A.; Maasen, A.; Vergaegen, P.

Ti: Subjective Health After Six Months and After Four Years of Shift Work

So: Ergonomics 21(10):857-859, 1978

Subjective health scores based on the Inventory of Subjective Health were obtained from 104 workers who were about to start work in shifts in a newly set-up wire mill. These workers were re-examined six months later, at which time a decrease in their health scores was evident. Four years and four months after they started working in the new plant, 95 workers out of the original 104 were studied a third time. Subjective health had further decreased in the 64 subjects who were still working in the plant, but in the 31 subjects who had left, it had stabilized approximately at the level recorded after six months.

(4 references) AA-M

REFERENCE NUMBER 22

Au: Peffer, Rodney

Ti: A Defense of Rights to Well-Being

So: Philosophy and Public Affairs 8(1):65-87, 1978

Value theory has not yet accepted concern for human welfare as giving rise to rights to well-being. In this essay Peffer argues that rights to well-being exist in addition to the basic rights to freedom. Recognition of the rights to well-being assists in accounting for moral judgments which arise in some situations. Further, such recognition allows for the construction of a systematic moral, social and political theory which is more in harmony with considered moral judgments than any of the competing theories. The view of human rights put forth in this paper supplements Rawls' theory.

(11 references) CH-P

REFERENCE NUMBER 23

Au: Schaefer, H.

Ti: Health, Normality and Norm

So: Dental Echo (Heidelberg) 48(3):53-66, 1978 (article in German)

(0 references)

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 24

Au: Sebag, Jerry
Ti: The Diagnosis of Health
So: Preventive Medicine 8(1):76-88, 1979

The disease-oriented perspective of modern medicine is described and the need for greater emphasis on health is discussed. The Anamnestic Health Index which approaches the evaluation of medical data from a health-oriented perspective is presented. The technique was tested in a Multiphasic Health Screening (MPHS) environment (N=100) by attempting to identify those individuals with a high likelihood of health. The results show that 88 to 98 percent of a healthy population could be identified. The ways in which this approach can improve the function of MPHS are discussed. It is shown that the diagnosis of health can provide a pivotal point of entry into curative, preventive, and promotive health care programs.
(29 references) AA-M

REFERENCE NUMBER 25

Au: Sekita, Yasuyoshi; Tabata, Yoshio
Ti: A Health Status Index Model Using a Fuzzy Approach
So: European Journal of Operational Research 3(1):40-49, 1979

In order to derive an operational health status index, it is necessary to develop the concept of health status. An individual belongs to one of several alternative health statuses, but it is difficult to clearly identify which, because the boundaries of statuses are not sharply defined. In this paper a fuzzy approach is proposed for use in expressing the health status and its index. We deal with health status as an intrinsically ambiguous and multidimensional expression which is determined through some subjective judgment. We introduce the concept of fuzziness and fuzzy set in order to study the ambiguous health status. Some concepts and properties of group fuzzy measures are clarified so that we may obtain the common measure to express the health statuses. Two examples using the researched data are presented for explaining the concept of health status, the group fuzzy measures and the health status index model.
(19 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 26

Au: Susset, Veronique; Vobecky, Josef; Black, Robert
Ti: Disability Outcome and Self-Assessment of Disabled Persons:
An Analysis of 506 Cases
So: Archives of Physical Medicine and Rehabilitation 60(2):
50-56, 1979

A one-year retrospective study within an ongoing project measured the disability outcomes, the rehabilitation care provided and the self-assessment of disabled subjects. A structured and precoded questionnaire was developed to collect data at home, in nursing homes and chronic care hospitals. Of the 506 subjects, 475 could be classified into nine disabling diagnostic groups. A physical and psychosocial index, as well as the subject's living place, were used as the objective outcome indicators. Personal attitudes of the subjects and also the perception of their rehabilitation were expressed. The correlation of the self-assessment and the physical index ($r=0.36$) as well as the psychosocial index ($r=0.39$) suggested that the disabled viewed their condition rather realistically.
(10 references) AA-M

REFERENCE NUMBER 27

Au: Thouez, Jean-Pierre
Ti: Health Measurement Bibliography
So: Social Science and Medicine 13D(1):31-32, 1979

These citations focus on disability, morbidity, and illness, especially from a sociological perspective. Most of the articles are applications and data oriented as opposed to theoretical and/or philosophical discussions of measurement issues. The citations include items, both published and unpublished, in English as well as in other Languages.
(94 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 28

Au: Vaisrub, Naomi

Ti: Health Status Indices for Metropolitan Areas

So: Unpublished, Philadelphia, Pennsylvania:filed 1979

This dissertation examines the problem of how to best measure health status for metropolitan small areas with the use of available data and existing indices. Data from Philadelphia health districts are used for the analysis. A detailed review of health status measures, comprising indicators such as mortality as well as composite measures such as the Function Status Index, is included. Also, the author attempts a critical assessment and real-world application of the indexes in order to demonstrate how current methods and data can be used within the context of operational measures.
(214 references) CH-P

REFERENCE NUMBER 29

Au: Ware, John E., Jr.

Ti: Assessing the Health Status of Individuals in General Populations

So: Presented at the Second Health Status Assessment and Health Policy Dialogue, National Health Insurance and Health Status Data, in Washington, D.C., March 14, 1979

This presentation focuses on some of the conceptual and methodological issues that must be dealt with in assessing health status of individuals in general populations. The conceptual issues include reasons for assessing health status, approaches to solving definitional problems, and the bases for setting measurement priorities when resources are limited. Methodological issues include strategies for achieving valid operational definitions of health status components and choice of practical data gathering methods. Rand's Health Insurance Study (HIS) is presented as an example of a social experiment in which health status data are being gathered to aid in policy decisions about how medical care should be financed, organized and delivered.
(0 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 30

Au: Weinstein, Milton C.; Stason, William B.

Ti: Economic Considerations in the Management of Mild
Hypertension

So: Annals of the New York Academy of Sciences 304:424-440, 1978

The purpose of this paper is to examine the cost and the potential effectiveness of a national effort to treat mild hypertension in a societal context. Quality-adjusted life-years, which combine changes in survival and morbidity into a single measure which reflects the tradeoffs between them, are used as the measure of effectiveness. Net health care costs are measured in dollars. The ratio of net costs to net effectiveness, expressed as dollars per year of increased quality-adjusted life expectancy becomes a cost-effectiveness index that can be used to set priorities among competing uses of health care resources.

(21 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

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1. The first step is to identify the problem or goal. This involves understanding the current situation and what needs to be achieved.

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AUTHOR INDEX

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CONFERENCES

Twelfth Banff International Conference
Behavioral Medicine
Banff, Canada March 16-20, 1980

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Vancouver, British Columbia
Canada V6T 1W5

Southeastern Psychological Association
Washington, D.C. March 26-29, 1980

For information write to:

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University of Florida
Gainesville, Florida 32611

Fifth European Meeting on
Cybernetics and Systems Research
Vienna, Austria April 6-9, 1980

The content of this meeting will include cybernetics in medicine and organization and management; structure and dynamics of socioeconomic systems and health care systems; fuzzy modelling and multi-objective decision making; and systems approach in urban and regional planning. A total of 150 papers are planned; these will be presented in plenary lectures and symposia. For information contact:

Prof. f. de P. Hanika
International Contacts Section
Austrian Society for Cybernetic Studies
(OeSGK Meeting)
A-8524, Gams 92
Austria

BIBLIOGRAPHY on HEALTH INDEXES

Rocky Mountain Psychological Association
Tucson, Arizona April 9-12, 1980

For information write to:
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Tucson, Arizona 85721

Eastern Psychological Association
Hartford, Connecticut April 9-12, 1980

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Glassboro, New Jersey 08028

BIBLIOGRAPHY on HEALTH INDEXES

Southwestern Psychological Association
Oklahoma City, Oklahoma April 10-12, 1980

For information write to:
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P.O. Box 5214
Austin, Texas 78763

Midwestern Psychological Association
St. Louis, Missouri May 1-3, 1980

For information write to:
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Department of Psychology
University of Texas at El Paso
El Paso, Texas 79968

Management Sciences/Operations Research Societies
Joint Meeting
Washington, D.C. May 5-7, 1980

This meeting will cover all aspects of operations research and management sciences. Previous joint meetings have had several sessions devoted to health care and health services research. For more information contact:

D. Gross
School of Engineering
George Washington University
Washington, D.C. 20052

Western Psychological Association
Honolulu, Hawaii May 5-9, 1980

For information write to:
Robert E. Cole
Department of Psychology
University of Hawaii--Manoa
Honolulu, Hawaii 98622

BIBLIOGRAPHY on HEALTH INDEXES

Twelfth Middle Atlantic Health Congress
Atlantic City, New Jersey May 20-22, 1980

The format of the meeting will include general sessions, special seminars and professional development programs. Approximately 10,000 persons are expected to attend; in addition, approximately 500 exhibits are expected. For more information contact:

J.W. Owen, Convention Manager
c/o Center for Health Affairs
760 Alexander Road, CN 1
Princeton, NJ 08540.

Fourth World Congress of Rehabilitation International
Winnipeg, Canada June, 1980

For information write to:

Canadian Rehabilitation Council for
the Disabled
20 West 40th Street
New York, New York 10018

International Council of Psychologists
Bergen, Norway June 29-July 1, 1980

For information write to:

Georgia S. Adams
International Council of Psychologists
2772 N. Lake Avenue
Altadena, California 91001

International Congress of Psychology
Leipzig, East Germany July 6-14, 1980

For information write to:

Secretariat, IUPS
Wayne Holtzman
Hogg Foundation
University of Texas
Austin, Texas 78712

BIBLIOGRAPHY on HEALTH INDEXES

American Psychological Association
Montreal, Canada September 1-5, 1980

For information write to:

Ernst G. Beier
c/o Candy Won
American Psychological Association
1200 Seventeenth Street, N.W.
Washington, D.C. 20036

First International Convention
Medico-Legal Aspects of Disability
Tel-Aviv, Israel November 16-21, 1980

Presentations at this convention will discuss, among others, the following topics: medico, legal, economic, sociological, and philosophical aspects of disability; the disabled and the state; the disabled person--personal rights and duties; the disabled and his guardian; the disabled and his family; environment of the disabled; care and maintenance; assessment of disability; the disabled in court; and disability and the economy. For additional information contact:

Secretary, First International Convention on Medico
Legal Aspects of Disability
P.O.B. 3059
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BIBLIOGRAPHY on HEALTH INDEXES

BULLETIN BOARD

Publications from The Rand Health Insurance Study

The Rand Health Insurance Study (HIS) is a social experiment in which representative samples of different communities are assigned using a non-biased selection process to several different health insurance plans (including a prepaid group practice). The experiment is designed to assess the effects of variation in the cost of health services to the patient and of provision of services in either the fee-for-service system or a prepaid group practice on use of services, quality of care, patient satisfaction and health status. The products of the research should prove useful to decision makers and the public in setting future health policies, particularly those relating to national health insurance.

Selection and development of HIS health status measures began in 1972. The first comprehensive health questionnaire was fielded starting in 1974. Many reports have been written about this study including the "Overview of Adult Health Status Measures Fielded in Rand's Health Insurance Study" which has been published as a Supplement to Medical Care 17(7), July, 1979. Also, an eight volume report series that contains detailed information on the literature reviews and measurement studies has been published by Rand. This series and copies of the Medical Care Supplement are available by writing to Robert H. Brook, The Rand Corporation, 1700 Main Street, Santa Monica, California 90406.

Clearinghouse Bibliographies Availability of Back Issues

Copies of the Cumulated Annotations for 1975 and 1976 are still available from the Clearinghouse on Health Indexes. While the Cumulated Annotations October 1973-December 1974 volume is out of print, copies may be purchased from the National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161.

The 1977 Cumulated Annotations volume is currently in preparation; a late Spring distribution is planned. Cumulated Annotations 1978 will be published this Summer. Limited copies of some of the 1977 and 1978 Supplements are still available from the Clearinghouse.

BIBLIOGRAPHY on HEALTH INDEXES

CLEARINGHOUSE--SCOPE and SERVICES

Why "Indexes"?

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

Why a "Clearinghouse"?

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

What's Included?

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

BIBLIOGRAPHY on HEALTH INDEXES

Specifically, items will be included if they

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

What Services?

The Clearinghouse distributes the "Bibliography on Health Indexes" four times each year. This compilation consists of citations of recent reprints or photocopies included in the Clearinghouse file of documents.

The period covered and the sources used in the compilation will be clearly stated in each Bibliography.

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

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

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

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

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

How to Use

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

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

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