



Clearinghouse on Health Indexes

National Center for Health Statistics

Number 1, 1986

Bibliography on Health Indexes

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- 6 Carter, William B.; Beach, Lee Roy; Inui, Thomas S.; Kirscht, John P.; Prodzinski, Janice C.: Developing and Testing a Decision Model for Predicting Influenza Vaccination Compliance: *Health Services Research* 20(6 Part II):897-932, 1986
- 6 Crott, Helmut W.; Zuber, Johannes A.; Schermer, Thomas: Social Decision Schemes and Choice Shift: An Analysis of Group Decision among Bets: *Journal of Experimental Social Psychology* 22(1):1-21, 1986
- 7 David, Henry P.: Population, Development, and Reproductive Behavior: Perspectives for Population and Health Psychology: *American Psychologist* 41(3):309-312, 1986

(continued on page 45)

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annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, that become available in January, February or March 1986. 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: and So:, respectively. As many as five authors are listed; the sixth and additional authors are identified by et al. Abbreviation 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: Aiken, Linda H.

Ti: **Evaluation Research and Public Policy: Lessons from the National Hospice Study**

So: *Journal of Chronic Diseases* 39(1):1-4, 1986

The national hospice demonstration is a rare instance of the application of scientific methods to test the efficacy and costs of a new government health insurance benefit prior to its enactment. The sponsors of this demonstration and its evaluation were interested in two questions that are at the heart of the hospice policy debate: (1) is there any evidence that widespread access to hospices will adversely affect the functioning and quality of life of the terminally ill and their families; and, (2) is there any reason to believe that insurance coverage for hospice care will be substantially more costly than existing benefits? Hospices with inpatient units appeared to achieve higher levels of functioning and quality of life than either conventional settings or home-based hospices. In addition to this brief review of the significance of the study and its findings the author also discusses some of the limitations of the study, the principal one being the fact that this was not a randomized study. (10 references) CH-P

Address for reprint requests: Robert Wood Johnson Foundation, Princeton, New Jersey 08540

REFERENCE NUMBER 2

Au: Anderson, John P.; Bush, J.W.; Chen, Milton; Dolene, Danielle

Ti: **Policy Space Areas and Properties of Benefit-Cost/Utility Analysis**

So: *Journal of the American Medical Association* 255(6):794-795, 1986

This article comments on concern about using benefit-cost/utility (BCU) analysis that was raised in a letter to the editor (see Steinbach page 747 of same journal issue) written in reaction to the Anderson and Moser article in the *Journal of the American Medical Association* 253(15), 1985 (abstracted in *Bibliography on Health Indexes* Number 2, 1985). The authors present a two-dimensional health policy space, where costs are subtracted from benefits, as a useful framework for considering resource allocation problems. The concepts of well-years and net dollar returns are sufficient for analyzing the relative efficiency of alternatives in all quadrants of the policy space. According to the authors, the use of the BCU model is not rationing, as might seem indicated, but refining the analysis of treatment efficacy and efficiency so that available resources can be extended further, such as in diagnosis-related groups. (8 references) CH-P

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

REFERENCE NUMBER 3

Au: Berkeley, Janet; Israel, Ilana; Stokes, Joseph III

Ti: **Health Assessment in the Framingham Offspring/Spouse Study: A Research Proposal**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

In this paper, the authors outline a proposed study to develop a self-administered questionnaire to measure health status, based on the World Health Organization's acceptance of measuring morbidity in terms of impairment of function, in the Framingham Offspring Study. The plan is to use multiple measures to reflect all important aspects of the health concept. Also, the feasibility of conducting a behavioral simulation to study the ability to cope with stress will be tested. The broader health assessment will include measures of physical, mental, and social functioning, in addition to global perceptions of health and illness. (31 references) CH-P

Address for reprint requests: Joseph Stokes III, Boston University School of Medicine, Boston, Massachusetts 02215

REFERENCE NUMBER 4

Au: Berwick, Donald M.; Budman, Simon; Klerman, Gerald L.; White, Josephine Damico; Feldstein, Michael

Ti: **Screening for Psychological Morbidity in Primary Care: Explorations with the General Health Questionnaire**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

The 30-item version of the General Health Questionnaire (GHQ) was completed by 1,649 new adult enrollees in a Health Maintenance Organization (HMO). Factor analysis of responses disclosed six factors (Anxiety/Strain, Confidence, Depression, Energy, Social Function, and Insomnia), with a strong tendency for items of similar wording (positive phrasing) to cluster together. Elevations of GHQ scores, especially when persistent over two administrations of the GHQ separated by seven months, were strongly associated with probability of entering health care during the first twelve months after enrollment in the HMO. This association was observed for both mental health and non-mental health utilization. Among the six factors, Anxiety/Strain, Depression, and Social Function scores were associated with the probability of entry into care, while the Confidence and Energy factors were not. GHQ scores and factors at enrollment were not strongly associated with the rate of utilization of care among those who used care at all during the year. The distress revealed by the GHQ, especially in negatively worded items, was correlated with the probability of entering physical or mental health care during the first year of membership in this HMO. Once in care, however, a member's rate of use of services was relatively independent of the response pattern to the time of enrollment. (0 references) AA

Address for reprint requests: Mental Health Research Unit, Harvard Community Health Plan, One Fenway Plaza, Boston, Massachusetts 02215

REFERENCE NUMBER 5

Au: Bishop, Duane S.; Epstein, Nathan B.; Keitner, Gabor I.; Miller, Ivan W.; Srinivasan, Samuel V.

Ti: **Stroke: Morale, Family Functioning, Health Status, and Functional Capacity**

So: *Archives of Physical Medicine and Rehabilitation* 67(2):84-87, 1986

Twenty-two stroke patients and their spouses were studied. All patients were living at home and had had a stroke at least one year previously. Of the 22 patients 14 were men and eight were women. Couples were assessed on the variables of morale, family functioning, health status, and patient functional capacity. For all variables, patients-spouse and husband-wife differences were tested. Couples from a previously studied

random community sample were matched to the stroke couples on age and socioeconomic status (SES). Identical morale, family functioning, and health status data collected on these couples were compared to the stroke data. The results included the following: Stroke patients and their spouses were healthy on all variables. Members of the couple did not differ on most variables whether compared as husband-wife or patient-spouse. Wives from the two samples did not differ on any variable. Husbands from the stroke sample differed from the matched husbands on only one health variable: the number of doctor visits made in the past six months. (21 references) AA

Address for reprint requests: Butler Hospital, 345 Blackstone Boulevard, Providence, Rhode Island 02906

REFERENCE NUMBER 6

Au: Brunswick, Ann F.; Messeri, Peter

Ti: **Drugs, Lifestyle, and Health: A Longitudinal Study of Urban Black Youth**

So: *American Journal of Public Health* 76(1):52-57, 1986

The association of drug use with indicators of health status was studied in a representative sample of urban Black youth interviewed first in adolescence and then six to seven years later in young adulthood. Seven substances, with interaction terms as appropriate, were tested against a psychophysical health scale and also against a more inclusive general health scale. Both measures of health outcomes yielded similar findings. Earlier inhalants use and, under certain conditions, methadone were linked to health change in males. Heroin had a delayed relationship to females' health. Additionally, methadone was associated with poorer health among young Black women who also were heavy alcohol drinkers. The observed relationships between drug use and health persisted after introducing controls for associated lifestyle factors. (44 references) AA

Address for reprint requests: Young Adult Health Project, School of Public Health, Columbia University, 60 Haven Avenue, Box 394, New York, New York 10032

REFERENCE NUMBER 7

Au: Brown, James Henderson; Henteleff, Paul; Barakat, Samia; Rowe, Cheryl June

Ti: **Is It Normal for Terminally Ill Patients to Desire Death?**

So: *American Journal of Psychiatry* 143(2):208-211, 1986

Among 44 terminally ill patients, the majority (N=34) had never wished death to come early. Of the remainder, three were or had been suicidal and seven more had desired early death. All 10 patients who had desired death were found to be suffering from clinical depressive illness. The methodologic difficulties encountered by the authors were the lack of 1) a brief, efficient interview schedule suitable for debilitated patients and 2) criteria for depressive disorder that do not depend on suicidal thoughts or on symptoms that can also be caused by physical disease. (27 references) AA

Address for reprint requests: Department of Psychiatry, 770 Bannatyne Avenue, Winnipeg, Manitoba R3E 0W3, Canada

REFERENCE NUMBER 8

Au: Buckley, James J.

Ti: **Stochastic Dominance: An Approach to Decision Making Under Risk**

So: *Risk Analysis* 60(1):35-41, 1986

This paper introduces stochastic dominance as a technique to reduce the set of possible actions that a decision maker must consider in a decision problem under risk. The procedure usually does not choose an optimal action, but instead eliminates certain actions as unacceptable. Very little need be known about the

decision makers utility function. Two possible applications are presented: (1) upgrading buildings to better withstand an earthquake; and (2) choosing a site for a liquified natural gas facility. (15 references) AA

Address for reprint requests: Mathematics Department, University of Alabama in Birmingham, Birmingham, Alabama 35294

REFERENCE NUMBER 9

Au: Carter, William B.; Beach, Lee Roy; Inui, Thomas S.; Kirscht, John P.; Prodzinski, Janice C.

Ti: **Developing and Testing a Decision Model for Predicting Influenza Vaccination Compliance**

So: *Health Services Research* 20(6 Part II):897-932, 1986

Influenza vaccination has long been recommended for elderly highrisk patients, yet national surveys indicate that vaccination compliance rates are remarkably low (20 percent). We conducted a study to model prospectively the flu shot decisions and subsequent behavior of an elderly and/or chronically diseased (at high risk for complications of influenza) ambulatory care population at the Seattle VA Medical Center. Prior to the 1980-81 flu shot season, a random (stratified by disease) sample of 63 patients, drawn from the total population of high-risk patients in the general-medicine clinic, was interviewed to identify patient-defined concerns regarding flu shots. Six potential consequences of influenza and nine of vaccination were emphasized by patients and provided the content for a weighted hierarchical utility model questionnaire. The utility model provides an operational framework for (1) obtaining subjective value and relative importance judgments from patients; (2) combining these judgments to obtain a prediction of behavioral intention and behavior of each patient; and, if the model is valid (predictive of behavior), (3) identifying those factors which are most salient to patients' decisions and subsequent behavior. Prior to the 1981-82 flu season, the decision model questionnaire was administered to 350 other high-risk patients from the same general-medicine clinic population. The decision model correctly predicted behavioral intention for 87 percent and vaccination behavior for 82 percent of this population and, more importantly, differentiated shot "takers" and "nontakers" along several attitudinal dimensions that suggest specific content areas for clinical compliance intervention strategies. (28 references) AA

Address for reprint requests: Northwest HSR&D Field Program (152), Veterans Administration Medical Center, 1660 South Columbian Way, Seattle, Washington 98108

REFERENCE NUMBER 10

Au: Crott, Helmut W.; Zuber, Johannes A.; Schermer, Thomas

Ti: **Social Decision Schemes and Choice Shift: An Analysis of Group Decision among Bets**

So: *Journal of Experimental Social Psychology* 22(1):1-21, 1986

The present study analyzes group decisions in terms of current models of social decision scheme (SDS) research and in terms of two new models which simulate pairwise majority voting over all alternatives, the full paired comparison (FPC) and the reduced paired comparison (RPC) models. The latter two models take into account the subjects' rank orders over all alternatives (i.e., they are Condorcet functions). On the basis of their individual preferences in the preexperimental phase, 275 subjects were systematically assigned to 55 five-person groups according to theoretically useful configurations of occupancy numbers. Each five-person group had to choose one of six different bets with equal expected values. In the P-condition the probabilities for the bets were equally spaced; in the M-condition the distances between the money values were kept constant. The results show systematic deviations in at least one condition for all models except the best fitting RPC model. Furthermore, a comparison with regard to the precision of the models indicates that RPC is significantly more precise than various other models, whereas no other model does significantly better than RPC. For the RPC model neither systematic bias nor precision varied with condition (P vs M). In addition, the RPC model can account for risky shift and general choice shift both on the individual and on the group level. Results are discussed within the framework of SDS and choice-shift research. (32 references) AA

Address for reprint requests: Psychologisches Institut der Universitaet Freiburg, Peterhof, D-7800 Freiburg i.Br., Federal Republic of Germany

REFERENCE NUMBER 11

Au: David, Henry P.

Ti: **Population, Development, and Reproductive Behavior: Perspectives for Population and Health Psychology**

So: *American Psychologist* 41(3):309-312, 1986

The author chaired the American Psychological Association Task Force on Psychology, Family Planning, and Population Policy (1969-1973), participated in the 1974 World Population Conference in Bucharest, Romania, and attended the 1984 International Population Conference in Mexico City, Mexico. This article offers reflections on global population trends, the interrelationship of population and development, and evolving public policies, especially in developing countries. It also explores how these trends relate to private reproductive behavior and to the professional responsibilities of population psychologists working within the broader context of health psychology and mental health, and concerned with individual, family, and community well-being and improved quality of life. (18 references) AA

Address for reprint requests: Transnational Family Research Institute, 8307 Whitman Drive, Bethesda, Maryland 20817

REFERENCE NUMBER 12

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 of 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 13

Au: Feeny, David; Torrance, George W.

Ti: **Incorporating Quality of Life Assessment Measures in Clinical Trials: Two Examples**

So: Unpublished, Hamilton, Ontario, Canada: Mc Master University, Department of Clinical Epidemiology and Biostatistics, 1986

Improvement in the quality of life is increasingly the major goal in the provision of health care and the design of new programs. Although reduction in mortality and morbidity remain important in general and are the primary outcomes in a number of situations, the concerns of health care providers and consumers have frequently shifted to a focus on quality of life issues. After a brief description of the range of quality of life measurement tools available, the characteristics of one particular approach, utility measurement, are examined. In Section 3, the theoretical underpinnings of utility measurement are presented. Methods for field measurement are briefly discussed in Section 4. The results of the application of the technique in a major drug trial and the design for its application in a trial of a new prenatal diagnostic modality are taken up in Section 5 and 6 respectively. Conclusions are presented in Section 7. (20 references) AA

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario L8N 3Z5, Canada

REFERENCE NUMBER 14

Au: Gift, Thomas E.; Strauss, John S.; Ritzler, Barry A.; Kokes, Ronald F.; Harder, David W.
 Ti: **Social Class and Psychiatric Outcome**
 So: *American Journal of Psychiatry* 143(2):222-225, 1986

Although social status has been shown to relate to rates of certain types of psychiatric disorder and to treatment received, little information is available regarding social class and clinical improvement over time. This report presents findings from a prospective follow-up study of a representative sample of first-admission psychiatric patients. A variety of clinical characteristics were analyzed at hospital admission and 2-year follow-up. The social status of the individual patient, the social status of the patient's parents and the social status associated with the patient's residential area were found to be correlated with improvement over the 2-year follow-up period. (31 references) AA

Address for reprint requests: Department of Psychiatry, University of Rochester School of Medicine and Dentistry, 300 Crittenden Boulevard, Rochester, New York 14642

REFERENCE NUMBER 15

Au: Glik, Deborah Carrow
 Ti: **Psychosocial Wellness Among Spiritual Healing Participants**
 So: *Social Science and Medicine* 22(5):579-586, 1986

The findings reported are based on an exploratory, comparison group study of participants in spiritual healing practices carried out over a 2-year period (1981-1983) in Baltimore, Maryland. In this study, participation in such forms of healing, which generally occurs in small groups, is related to various measures of psychosocial wellness defined as the emic construct of subjective health. Interview data from regular participants in two types of healing groups, charismatic (N=83) and metaphysical (N=93), were compared with regular utilizers of primary care (N=137), using the same data collection procedures. Members of the two types of healing group differ on some social attribute data. Members of charismatic healing groups tend to be of slightly lower SES overall than members of metaphysical healing groups. Members of both types of healing groups, however, had significantly more positive scores on wellness measures than primary care patients, even when sex, age, marital status, illness severity and religiosity were controlled statistically. Findings suggest that such groups play a social support function among regular participants, and that participation in specific healing systems can be seen as a contextual variable which has an effect on subjective self-reports of health or, as defined here, wellness. (58 references) AA

Address for reprint requests: Department of Health Education, School of Public Health, University of South Carolina, Columbia, South Carolina 29208

REFERENCE NUMBER 16

Au: Guralnik, Jack Michael
 Ti: **Determinants of Functional Health Status in the Elderly**
 So: Unpublished, Bethesda, Maryland: National Institute on Aging

This study describes physical functioning and disability and evaluates determinants of functional status in a representative sample of Alameda County, California residents followed from 1965 to 1984. The cohort investigated here was born prior to 1920, with survivors being aged 65 and over at the time of the 1984 follow-up survey. The functional level of surviving members of the cohort was found to be quite similar to that of other large cohorts surveyed in comparable ways. Compared to the 65-79 year age group, a far greater percentage of those aged 80 and above had difficulty or needed help in performing various activities. A scale of physical functioning was developed and subsequently used to score participants in the 1984 survey. A variety of independent variables, most of which were collected in 1965, were assessed for their relationship with functional outcome in 1984. The results of this study suggest that measures of

functional status offer a valuable means of assessing health in older persons and that this work offers insight into factors associated with healthy aging. (206 references) AA

Address for reprint requests: National Institute on Aging, Bethesda, Maryland 20892

REFERENCE NUMBER 17

Au: Guyatt, Gordon; Drummond, Michael; Feeny, David; Tugwell, Peter; Stoddart, Greg et al.

Ti: **Guidelines for the Clinical and Economic Evaluation of Health Care Technologies**

So: *Social Science and Medicine* 22(4):393-408, 1986

The health care system is routinely confronted with promising new technologies. In the past, most new technologies have been integrated into clinical practice without a rigorous demonstration of their effectiveness or efficiency. In order to provide a more rational approach to the adoption and utilization of health technology a comprehensive set of guidelines for both clinical and economic evaluation is proposed. While conceived of as an ideal that is unlikely to be universally met in practice, it is argued that decision making can be improved by striving towards this goal. The clinical guidelines stress the advantages of subjecting major new technologies to randomized controlled trials and insisting upon a demonstration of patient benefit in the application of diagnostic technologies. The economic guidelines stress comparisons with relevant alternative uses of the resources and the assessment of the impact on the quality of life. While application of the guidelines will produce rigorous and useful evidence the final decisions concerning the allocation of health care resources must rest fundamentally on social value judgments and not solely, or even primarily, on informed expert opinion. (73 references) AA

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

REFERENCE NUMBER 18

Au: Haig, T.H. Brian; Scott, David A.; Wickett, Louise I.

Ti: **The Rational Zero Point for an Illness Index with Ratio Properties**

So: *Medical Care* 24(2):113-124, 1986

To be of greatest use for the measurement of significant variations in treatment outcomes, a health status index should have ratio properties. Previous attempts to construct such a scale using the magnitude estimation technique have failed, principally because of an inappropriate choice for the zero point. By rejecting death as the logical zero point of a scale of social preference and choosing instead the absence of that being measured (dysfunction and discomfort), the authors attained reliable values from patients, for an illness index, using magnitude estimation. This type of scale allows comparative judgments between treatment methods to be made with greater validity. It should aid in the wise allocation of health care resources. (12 references) AA

Address for reprint requests: Department of Surgery, University of Saskatchewan, Saskatoon, Saskatchewan, Canada S7N 0W0

REFERENCE NUMBER 19

Au: Hardy, Ann M.; Rauch, Kathryn; Echenberg, Dean; Morgan, W. Meade; Curran, James W.

Ti: **The Economic Impact of the First 10,000 Cases of Acquired Immunodeficiency Syndrome in the United States**

So: *Journal of the American Medical Association* 255(2):209-211, 1986

Acquired immunodeficiency syndrome (AIDS) is a serious, fatal disease affecting a relatively young population and has a great economic impact. Expenditures for hospitalization and economic losses from disability and premature death were estimated for the first 10,000 patients with AIDS reported in the United States. Extrapolation of data from surveys done in New York City, Philadelphia, and San Francisco

suggests that these 10,000 patients with AIDS will require an estimated 1.6 million days in the hospital, resulting in over \$1.4 billion in expenditures. Losses incurred for the 8,387 years of work that will be lost from disability and from the premature death of the 10,000 patients will be over \$4.8 billion. The total economic burden of the AIDS epidemic will continue to rise as the number of diagnosed cases increases. These estimates reinforce the need for effective disease prevention strategies to reduce the number of cases. (15 references) AA

Address for reprint requests: Surveillance and Statistics Section, Acquired Immunodeficiency Syndrome Branch, Division of Viral Diseases, Centers for Disease Control, Atlanta, Georgia 30333

REFERENCE NUMBER 20

Au: Hart, L. Gary; Evans, Roger W.

Ti: **The Functional Status of ESRD Patients as Measured by the Sickness Impact Profile**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs California, February 19-21, 1986

The purpose of this study is to describe and compare the perceived sickness-related behavioral dysfunction of 859 end-stage renal disease (ESRD) patients from 11 centers according to treatment modality via the Sickness Impact Profile (SIP). The unadjusted functional status of ESRD patients were least functionally limited followed in order by home dialysis, continuous peritoneal dialysis, and in-center dialysis patients. The largest overall differences were for the sleep and rest, work, recreation and pastimes, and home management SIP categories. Regression analysis results reveal that many of the large observed intermodality differences in functional status may have resulted from case-mix variation (e.g., age and comorbidity differences). Only SIP score differences between transplantation and other treatment modality patients remained significant following the introduction of case-mix controls. Results do not justify choosing one dialysis modality over another because of differences in perceived dysfunction. (23 references) AA

Address for reprint requests: Battelle Human Affairs Research Centers, 4000 N.E. 41st Street, Seattle, Washington, 98105

REFERENCE NUMBER 21

Au: Hedrick, Susan C.; Inui, Thomas S.

Ti: **The Effectiveness and Cost of Home Care: An Information Synthesis**

So: *Health Services Research* 20(6 Part II):851-880, 1986

The effect of home care on patient outcomes and costs of care has been controversial. This information synthesis summarizes results from studies of home care using experimental or quasi-experimental designs, explicitly including judgments of methodologic soundness in weighing the results. In 12 studies of programs targeted at chronically ill populations, home care services appear to have no impact on mortality, patient functioning, or nursing home placements. Across studies, these services either have no effect on hospitalization or tend to increase the number of hospital days; ambulatory care utilization may increase by 40 percent. The cost of care either is not affected or is actually increased by 15 percent. The critical need at present is for better-designed studies to test the effects of different types of home care, targeted at various types of patients, on the outcomes assessed in the existing studies, as well as on other important outcomes such as family finances, quality of life and quality of care. (44 references) AA

Address for reprint requests: HSR&D (152), American Lake VAMC, Tacoma, Washington 98493

REFERENCE NUMBER 22

Au: Hemenway, David; Sherman, Herbert; Mudge, Gilbert H., Jr.; Flatley, Margaret; Lindsey, Nancy M.; et al.

Ti: **Benefits of Experience: Treating Coronary Artery Disease**

So: *Medical Care* 24(2):125-133, 1986

The authors examined the issue of learning by doing in terms of both the cost and outcome of treating coronary artery disease at one hospital between 1977 and 1981. Over time, the quality of outcome improved for both medical and surgical patients. During this time of cost-plus reimbursement, there was less conclusive evidence of concurrent technical efficiency gains. These findings are consistent with the hypothesis that the benefits of experience can be substantial but they do not just happen: they require proper provider motivation. (27 references) AA

Address for reprint requests: Lee Goldman, Division of General Medicine, Department of Medicine, Brigham and Women's Hospital, 75 Francis Street, Boston, Massachusetts 02115

REFERENCE NUMBER 23

Au: Horn, Susan D.; Horn, Roger A.

Ti: **Reliability and Validity of the Severity of Illness Index**

So: *Medical Care* 24(2):159-168, 1986

The authors discuss the objectives and definition of the Severity of Illness Index, which has been developed and refined at the Johns Hopkins University over the past 5 years. In addition, the training program for raters, the method used to ascertain reliability, data from reliability testing in 18 hospitals are described. After at least 2 months' experience with severity scoring, the average agreement between hospital raters and the staff reliability rater varied between 90.8 and 97.7, with an overall weighted average agreement of 93.5. Several methods to evaluate the validity of the Index are presented. The conclusion is that the Severity of Illness Index is a reliable and valid tool for measuring inpatient severity of illness. (16 references) AA

Address for reprint requests: Center for Hospital Finance and Management, 624 North Broadway, Baltimore, Maryland 21205

REFERENCE NUMBER 24

Au: Jinabhai, Champak C.; Coovadia, Hoosen M.; Abdool-Karim, Salim S.

Ti: **Socio-Medical Indicators of Health in South Africa**

So: *International Journal of Health Services* 16(1):163-176, 1986

Socio-medical indicators developed by WHO for monitoring progress towards Health-for-All have been adapted to reveal, clearly and objectively, the devastating impact of state planning based on an outmoded immoral and unscientific philosophy of race superiority in South Africa on the health of the disenfranchised majority within the context of social and economic discrimination; health policy indicators confirm that the government is committed to three options (Bantustans, A New Constitution, and A Health Services Facilities Plan) all of which are inconsistent with the attainment of Health-for-All; social and economic indicators reveal gross disparities between African, Coloured, Indian, and White living and working conditions; provision of health care indicators show the overwhelming dominance of high technology curative medical care consuming about 97 percent of the health budget with only minor shifts towards community-based comprehensive care; and health status indicators illustrate the close nexus between privilege, dispossession and disease with Whites falling prey to health problems related to affluence and lifestyle, while Africans, Coloureds, and Indians suffer from disease due to poverty. All four categories of the indicators systems reveal discrepancies which exist between Black and White, rich and poor, urban and rural. To achieve the social goal of Health-for-All requires a greater measure of political commitment from the state. We conclude that it is debatable whether a system which maintains race discrimination and exploitation can in fact be adapted to provide Health-for-All. (23 references) AA

Address for reprint requests: Department of Pediatrics, Medical School, University of Natal, Post Office Box 17039, Congella 4013 South Africa

REFERENCE NUMBER 25

Au: Kane, Rosalie A.; Kane, Robert L.; Arnold, Sharon

Ti: **Measuring Social Functioning in Mental Health Studies: Concepts and Instruments**

So: Washington, DC : Superintendent of Documents, U.S. Government Printing Office, DHHS Publication Number (ADM) 85-1384, 1985

This review of measures of social functional status reveals that an impressive amount of work has gone into the construction of instruments; moreover, substantial agreement exists on the phenomena that are important to measure. If the introduction of "social" measures in epidemiological studies were to be encouraged, ample models are available from which to develop an instrument. However, it is doubtful that any of the measures reviewed here can be adopted in toto as the complete tool for the purpose. The authors make a number of caveats, general observations and recommendations in this review of the state of the art. (92 references) AS-M

Address for reprint requests: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

REFERENCE NUMBER 26

Au: Kaplan, Norman M.

Ti: **Quality of Life Issues in the Nondrug Treatment of Hypertension**

So: *Quality of Life and Cardiovascular Care* 2(2):77-83, 1986

The benefits of drug therapy for patients with mild hypertension have not been clearly demonstrated. Without drug therapy these patients are at relatively low-absolute risk of significant cardiovascular complications. The author examines nondrug therapies for hypertension that may control the disease without impairing the quality of life. (20 references) AA

Address for reprint requests: Internal Medicine, University of Texas Southwestern Medical School, 5323 Harry Hines Boulevard, Dallas, Texas 75235-9030

REFERENCE NUMBER 27

Au: Kaplan, Robert M.; Davis, Wayne K.

Ti: **Evaluating the Costs and Benefits of Outpatient Diabetes Education and Nutrition Counseling**

So: *Diabetes Care* 9(1):81-86, 1986

The American Diabetes Association (ADA) recently endorsed a resolution recommending third-party payment for outpatient education and nutritional counseling. One of the major rationales for the statement was that education and nutritional counseling will lead to reductions in health care cost. This article, which was funded by the ADA, critically reviews the 13 studies cited in support of the ADA Policy Statement. Among these studies, only 2 compared a treated group with a control group. Both of the studies with control groups failed to randomly assign patients to treatment condition. Only 4 of the studies showed an accounting of program cost. Upon close inspection, it appears that some of the programs actually increased, rather than decreased, health care expenditures. Attrition from programs was reported in only a minority of cases, and was large when reported. The effect of the programs upon diabetes control was inconsistent across studies. It is suggested that the rationale for education and nutritional services be based on improved health status. In addition, the execution of a systematic experimental study to evaluate these services is urged. A reply to this article written by Sinnock and Deeb appears on pages 93-94 of this same issue. (23 references) AA-M

Address for reprint requests: Center for Behavioral Medicine, San Diego State University, San Diego, California 92182

REFERENCE NUMBER 28

Au: Kaplan, Sherrie H.

Ti: **Health Assessment in Chronic Disease: The Relationship Between Physiologic Measures and Patient Reports of Health Status**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

The purpose of this paper is to present the results of studies among diabetic and hypertensive patients in which the relationship between physiologic measures of health -- blood sugar and blood pressure -- and patient reports of health was examined. Findings suggest that self-reported functional ability and perceptions of health status among patients with chronic illness may have independent and previously underestimated impacts on the control of disease. The findings also suggest that physiologic markers are only a part of health assessment in chronic disease. A comprehensive measure combining physiologic measures with patient health reports may be a valuable asset to accurate prognosis and evaluation of treatment for chronic illness. More comprehensive programs aimed at directly influencing both disease parameters and patient functioning may be more effective in modifying physical health. (0 references)
CH-P

Address for reprint requests: Department of Medicine, University of California, Los Angeles, California 90033

REFERENCE NUMBER 29

Au: Kraft, George H.; Freal, John E.; Coryell, Judith K.

Ti: **Disability, Disease Duration, and Rehabilitation Service Needs in Multiple Sclerosis: Patient Perspectives**

So: *Archives of Physical Medicine and Rehabilitation* 67(3):164-168, 1986

The purpose of this study was to determine the medical, psychologic, social, and vocational needs of individuals with multiple sclerosis (MS) and to evaluate these needs with respect to age, disease duration, sex and disability level. Individuals with MS in western Washington state were asked to participate by responding to a mailed questionnaire. Six hundred fifty-six completed the questionnaire of more than 250 variables covering symptoms, diagnosis, adjustment, service use and need, employment history, activities of daily living, and demographic characteristics. Significant patterns of service use and service need were found in the population. Medical needs, with the exception of bladder management and physical therapy, appeared less well met. The perceived need for most medical and community services was correlated with increasing disability as might be expected. However, the need for vocational and psychologic services was not related to the level of disability but to the age of the patients and the recency of MS diagnosis. (20 references) AA

Address for reprint requests: Department of Rehabilitation Medicine, RJ-30, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 30

Au: Lam, Y.W. Francis; Arana, Carlos J.; Shikuma, Lois R.; Rotschafer, John C.

Ti: **The Clinical Utility of a Published Nomogram to Predict Aminoglycoside Nephrotoxicity**

So: *Journal of the American Medical Association* 255(5):639-642, 1986

Moore and colleagues recently published a nomogram for predicting the risk of aminoglycoside nephrotoxicity. This study was undertaken to evaluate the clinical usefulness of the nomogram. The nephrotoxicity risk scores of 61 patients were determined using parameters suggested by Moore et al. Thirteen patients (21) could not be scored because their initial creatinine clearances exceeded the upper limit of the nomogram. Six patients (9.8) developed nephrotoxicity (defined as a 50 decrease in creatinine clearance).

In five of these patients in whom risk scores could be determined, the scores were estimated at 14 or less. Twenty patients had risk scores of 10 or more (four patients, 50) without developing nephrotoxicity. These results demonstrate that this nomogram may have limited clinical application in predicting patients likely to develop aminoglycoside nephrotoxicity. (12 references) AA

Address for reprint requests: Section of Clinical Pharmacology, St. Paul-Ramsey Medical Center, 640 Jackson Street, Paul, Minnesota 55101

REFERENCE NUMBER 31

Au: Lau, Richard R.; Hartman, Karen A.

Ti: **Health As a Value: Methodological and Theoretical Considerations**

So: *Health Psychology* 5(1):25-43, 1986

The concept of value placed on health is very important in several different theoretical approaches to the study of health behavior. In practice, however, health value is generally assumed to be universally high rather than being directly measured. If this assumption is incorrect, then theories that include health value have rarely been adequately tested. This paper presents a short 4-item Likert scale designed to measure the value placed on health. Norms from the utilization of this scale in five different samples are presented. Health value is found to increase with age among girls, but the increase apparently stops by late adolescence, before full adult levels of health value are achieved. Middle aged women place a higher value on health than do middle-aged men, although no comparable sex difference appears in a sample of undergraduates. Consistent with theoretical predictions, both health locus of control beliefs and beliefs in the efficacy of certain preventive health behaviors correlate more highly with the performance of those same behaviors 5 to 9 months later among respondents who place a high value of health relative to those who do not value health so highly. However, this interaction is found only when it can be safely assumed that health is the primary value underlying the behavior. The importance of considering a variety of values in addition to health as possible motivators of preventive health behavior is stressed. (36 references) AA

Address for reprint requests: Department of Social and Decision Science, Carnegie Mellon University, Pittsburgh, Pennsylvania 15213

REFERENCE NUMBER 32

Au: Levy, Margaret

Ti: **Breast Cancer Treatment Alternatives: The Patient Decision-Making Process**

So: *Health Values* 10(1):16-21, 1986

Today, a woman with breast cancer has many treatment alternatives. To undertake the decision-making process, she must be provided with information, support, and a health care network capable of meeting her needs. Surgeons are now faced with new roles in the decisionmaking process as the choice is no longer theirs. They must be educated not only to keep up with the technical aspects of breast surgery, but also to modify their behavior in order to become more flexible and open-minded. (10 references) AA

Address for reprint request: University of Health Sciences, The Chicago Medical School, 3333 Green Bay Road, North Chicago, Illinois 60064

REFERENCE NUMBER 33

Au: Lewis, Catherine C.; Scott, Douglas E.; Pantell, Robert H.; Wolf, Matthew H.

Ti: **Parent Satisfaction with Children's Medical Care: Development, Field Test, and Validation of a Questionnaire**

So: *Medical Care* 24(3):209-215, 1986

Research on both adult patients and parents of pediatric patients has demonstrated that satisfaction with medical encounters predicts such important outcomes as compliance with medical regimen. The authors developed a questionnaire to measure parent satisfaction with children's medical encounters, administered it to 104 parents of pediatric patients (field trial 1), and revised it. The revised Parent Medical Interview

Satisfaction Scale (P-MISS) was then tested on a new sample of parents whose medical visits were videotaped (field trial 2). On field trial 2, the P-MISS showed a high alpha reliability (0.95). The four factor-based subscales identified by field trial 1 showed high alpha reliabilities on field trial 2, physician communication with the parent (0.81); physician communication with the child (0.93); distress relief (0.85); and adherence intent (0.86). With the exception of the distress relief subscale, the subscales appear to measure distinct dimensions of satisfaction. Objective ratings of physicians' interpersonal skills to parents during medical interviews correlated significantly with parents' total satisfaction scores as well as with all four satisfaction subscale scores, providing preliminary evidence of the construct validity of the P-MISS. (30 references) AA

Address for reprint request: A-204, 400 Parnassus, University of California, San Francisco, San Francisco, California 94143

REFERENCE NUMBER 34

Au: Liang, Jersey

Ti: **Self-Reported Physical Health Among Aged Adults**

So: *Journal of Gerontology* 41(2):248-260, 1986

A multiple indicator structural equation model is proposed to delineate the various aspects of self-reported physical health. In particular, it specifies structural linkages among five measures of health including (a) chronic illness, (b) number of sick days, (c) physical self-maintenance, (d) instrumental activities of daily living, and (e) subjective rating of one's own health. The proposed model is evaluated by using data from the 1968 National Senior Citizens Survey. The results support the predictions derived from the proposed model and are consistently replicated across four randomly divided subsamples. (39 references) AA

Address for reprint requests: Department of Medical Care Organization, School of Public Health and Institute of Gerontology, University of Michigan, Ann Arbor, Michigan 48109

REFERENCE NUMBER 35

Au: Liem, Pham H.; Chernoff, Ronni; Carter, William J.

Ti: **Geriatric Rehabilitation Unit: A 3-Year Outcome Evaluation**

So: *Journal of Gerontology* 41(1):44-50, 1986

One-hundred-ninety elderly (mean age 75.8 years), disabled patients at risk of being institutionalized due to stroke, acute medical problems, dementia, and other illnesses completed a rehabilitation program at the Geriatric Rehabilitation Unit (GRU). A retrospective study to measure possible impacts of rehabilitation of functional status and placement at discharge from the GRU and on living situation 1 year postdischarge showed an improvement of functional status after rehabilitation in nearly all patients. By discharge, the number of patients with partial or total activities of daily living (ADL) independence increased from 87 to 173, ambulatory patients increased from 42 to 127, continent patients from 89 to 141 and mentally clear patients from 40 to 91. Higher ratings in these parameters at discharge were associated with better placement and significantly lower (21) mortality rate when compared with patients placed in nursing homes (mortality 45). The GRU program is clearly associated with improved outcome of care. (14 references) AA

Address for reprint requests: Department of Medicine, Division of Geriatrics, John L. McClellan Memorial Veterans' Hospital, 4300 West Seventh Street (111G-JLM), Little Rock, Arkansas 77205

REFERENCE NUMBER 36

Au: Manton, Kenneth G.

Ti: **Cause Specific Mortality Patterns Among the Oldest Old: Multiple Cause of Death Trends 1968 to 1980**

So: *Journal of Gerontology* 41(2):282-289, 1986

Trends in sex specific mortality from six conditions (hip fracture, septicemia, pneumonia, cancer, heart disease, and stroke) were examined for the period 1968 to 1980 to determine if recent increases in life

expectancy at advanced ages were associated with significant shifts in the pattern of cause specific mortality at those ages. Changes in life table parameters were assessed both at birth and age 85 to determine if the relative significance of certain conditions had increased or decreased at advanced ages. In particular, the author examined whether three conditions (hip fracture, septicemia, pneumonia), often viewed as being associated with mortality among debilitated persons, had increased in the proportion of deaths they affected at advanced ages and if there had been changes in the mean age at death for persons with these conditions (heart disease, stroke, cancer) that often are viewed as primary disease processes with high mortality risks. Overall there seemed to be little evidence that mortality for conditions associated with a debilitation had increased markedly at later ages. (14 references) AA

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

REFERENCE NUMBER 37

Au: McGinnis, Gayle E.; Seward, Marymae L.; DeJong, Gerben; Osberg, J. Scott

Ti: **Program Evaluation of Physical Medicine and Rehabilitation Departments Using Self-Report Barthel**

So: *Archives of Physical Medicine and Rehabilitation* 67(2):123-125, 1986

The Barthel Index measures performance of personal care (feeding, dressing, hygiene) and mobility (transferring, walking/wheeling) activities. Since its inception, several revisions of this index have increased its accuracy in measuring functional ability of patients during medical rehabilitation. However, this activities of daily living (ADL) scale is rarely used to determine the abilities of individuals after discharge, leaving assessment of functional outcome incomplete. In this study this index has been converted to a self-report format, which can be completed easily by the patient or family member both during the rehabilitation stay and after discharge. The reliability of the self-report version is examined by comparing the assessments of patients to those made by health professionals. A sample of persons at an in-patient rehabilitation facility, who could both read and write, completed the self-report during the week before discharge. Results comparing the assessments of professionals and patients showed a statistically significant difference. This paper will suggest reasons for the difference and explore the possibility of using this self-report version as a means to evaluate both the short-and long-term outcomes of rehabilitation programs. (8 references) AA

Address for reprint requests: Rehabilitation Medicine, Box 75K/R, Tufts-New England Medical Center, 171 Harrison Avenue, Boston, Massachusetts 02111

REFERENCE NUMBER 38

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

Ti: **Subjective Well-Being in Later Life: Issues Concerning Measurement and Prediction**

So: *Social Indicators Research* 18(1):35-70, 1986

This paper reviews the research on the measurement and prediction of subjective well-being in later life. Psychometric data on several gerontological scales are presented in detail. Structural analyses of a variety of measures of subjective well-being are discussed and evidence for a one factor structural solution to subjective well-being is presented. Objective predictors of subjective well-being are discussed with respect to the strength of their relationships to subjective well-being. It is concluded that subjective well-being is the best predictor of itself. Evidence of temporal stability and cross-situational consistency, combined with the evidence of a one factor structural solution, suggests that subjective well-being has trait-like characteristics. Suggestions for future research are presented. (178 references) AA

Address for reprint requests: Gerontology Centre, Department of Psychology, Memorial University of Newfoundland, St. John's, Newfoundland, Canada, A1B 3X9

REFERENCE NUMBER 39

Au: Mootz, Marijke

Ti: **Health Indicators**

So: *Social Science and Medicine* 22(2):255-263, 1986

This paper examines the more general background to health indicators. It deals with the relation between health and social indicators, before examining the health concept. It discusses possible purposes for which health indicators should be developed, and gives some of the important data sources for this exercise. The paper contains some less traditional examples of health indicators as mainly applied in The Netherlands. Finally, it draws conclusions on the possibilities of developing health indicators. (42 references) AA

Address for reprint requests: Social and Cultural Planning Bureau, J.C. van Markenlaan 3, Postbus 37, 2280 AA Rijswijk, The Netherlands

REFERENCE NUMBER 40

Au: Morris, John N.; Suissa, Samy; Sherwood, Sylvia; Wright, Susan M.; Greer, David

Ti: **Last Days: A Study of the Quality of Life of Terminally Ill Cancer Patients**

So: *Journal of Chronic Diseases* 39(1):47-62, 1986

Behavior of a number of quality of life measures gathered from two samples of terminal cancer patients over the last weeks of their lives are reported. Samples represent patients in the 26 hospices participating in a nationwide U.S. demonstration project and patients in the palliative care units of two Montreal hospitals. The U.S. data reported are quality of life measures made by a lay principal care person (PCP) or trained interviewer; the Montreal measures were made by both an attending doctor and an attending nurse. The general finding, as expected, is one of increasing deterioration in quality of life, with accelerated deterioration between 3 and 1 week of death. Pain follows a somewhat different pattern than other measures. More patients are in either of the extreme categories at an earlier point in time than found for other measures, and there are fewer changes as death is approached. Finally, about 20 of the patients do not fall into extremely low quality of life categories, even in the week prior to death. (13 references) AA

Address for reprint requests: Department of Social Gerontological Research, Hebrew Rehabilitation Center for Aged, 1200 Centre Street, Boston (Roslindale), Massachusetts 02131

REFERENCE NUMBER 41

Au: Mossey, J.M.; Roos, L.L.

Ti: **Using Claims to Measure Health Status: The Illness Scale**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

Health insurance systems are generating large numbers of claims filed by physicians and hospitals for reimbursement and accounting purposes. This paper describes a measure of health status derived from claims and presents the results of reliability and validity assessments. Physician and hospital claims filed for a sample of older Canadians during 1970-1977 were used. Information on the number, type and seriousness of reported diagnoses, and the number and duration of hospitalizations and surgeries during each year were combined to generate annual illness scales ranging from 0 to 22. Alpha coefficients, measures of internal consistency, were between .82 and .84. Consistent with high validity, illness scores increased with age, were significantly associated with other health measures and were strongly predictive of death and hospitalization in the following year. The ability to develop valid and reliable health status measures from claims substantially expands the potential use of these data for research and evaluation. (39 references) AA

Address for reprint requests: Department of Family Practice and Community Health, Temple University School of Medicine, 3400 Broad Street, Philadelphia, Pennsylvania 19140

REFERENCE NUMBER 42

Au: Musto, Richard J.

Ti: **Cost-Effectiveness Analysis of Endocervical Culture for N. Gonorrhoeae at Routine Pelvic Examination**

So: *Canadian Journal of Public Health* 77(1):33-36, 1986

The significant long term damage that may be wrought by pelvic infection has prompted the use of endocervical culture for the gonococcus on routine gynaecological examination. This has been used both in private offices and public clinics offering family planning services. The author presents a cost-effectiveness analysis of this case-finding tool applied to two different objectives; (A) detection of a case of endocervical gonorrhoeae, and (B) prevention of a case of gonococcal salpingitis, given two different program options; (I) universal culturing, and (II) selective culturing. The prevalence of gonorrhoeae in the population examined is the most influential factor. Using the rate of yield from the Calgary Health Services, Family Planning Clinic, the cost of each case of asymptomatic endocervical gonorrhoeae found is \$2,475.00, while the cost per case of gonococcal salpingitis prevented is estimated at \$16,693.83. The author also discusses relevance of such an analysis to policy decisions. (17 references) AA

Address for reprint requests: Department of Community Health Sciences, Faculty of Medicine, University of Calgary, 3330 Hospital Drive NW, Alberta T2N 4N1 Canada

REFERENCE NUMBER 43

Au: Nelson, Aaron; Fogel, Barry S.; Faust, David

Ti: **Bedside Cognitive Screening Instruments**

So: *Journal of Nervous and Mental Disease* 174(2):73-83, 1986

Bedside cognitive screening instruments are used increasingly in clinical and research settings to detect cognitive impairment and to quantify its severity. The authors review the five most frequently cited bedside screening tests that use an interview format and require brief administration times: The Mini-Mental State Examination, the Cognitive Capacity Screening Examination, Mattis Dementia Rating Scale, Kahn's Mental Status Questionnaire, and the Short Portable Mental Status Questionnaire. The tests all have adequate inter-rater reliability, and adequate test-retest reliability has been established for three of the tests. All of the tests show close correspondence with clinical diagnoses of delirium and dementia and are useful for the diagnosis and quantification of these syndromes. However, there is currently no evidence that the tests increase the level of diagnostic accuracy achieved through clinical examination alone. All of the tests have substantial false-negative rates, with false-negative errors frequent among patients with focal lesions, particularly of the right hemisphere. False-positive errors may be more common among patients with less education and lower socioeconomic status. The tests reviewed do not detect many types of cognitive deficit that may bear critically on differential diagnosis and case management. Suggestions are given for the development of new screening tests that would meet a broader range of clinical purposes. (31 references) AA

Address for reprint requests: New England Sinai Hospital, 150 York Street, Stoughton, Massachusetts 02072

REFERENCE NUMBER 44

Au: Nelson, Eugene; Clark, Donald; Dietrich, Allen; Keller, Adam; Kirk, John; et al.

Ti: **Assessment of Function in Routine Clinical Practice: Description of the COOP Chart Methods and Preliminary Findings**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

The maintenance of patients' functional health -- physical, mental, social and role function is recognized by physicians as a major goal of medical practice. The Dartmouth Primary Care Cooperative Information Project (COOP Project), one of the first clinical groups to focus attention on the measurement of functional health in office practice, has begun investigating a promising new method for efficiently

assessing function in routine office practice. This paper describes our new "COOP Chart" strategy for measuring function and presents preliminary findings on its validity and utility. (20 references) AA

Address for reprint requests: The Rand Corporation, 1700 Main Street, Santa Monica, California 90406-2138

REFERENCE NUMBER 45

Au: Nerenz, David R.; Love, Richard R.; Leventhal, Howard; Easterling, Douglas V.

Ti: **Psychosocial Consequences of Cancer Chemotherapy for Elderly Patients**

So: *Health Services Research* 20(6 Part II):961-976, 1986

The purpose of this study was to determine whether elderly patients receiving cancer chemotherapy experience more emotional distress, difficulty with side effects, and disruption in activities than younger patients. A sample of 217 patients receiving initial chemotherapy treatment for breast cancer or lymphoma was interviewed several times over the first 6 months of treatment. Patients ranged in age from 19 to 83. Included in the interviews were questions on presence, duration, and severity of side effects; response of disease to treatment; and 0-10 ratings of emotional distress, difficulty, and life disruption due to chemotherapy. Information on drugs given, doses and schedules was obtained from medical charts. In general, elderly patients reported no more difficulty with treatment or emotional distress than did younger patients. This general pattern held across disease types, with some exceptions. These results, combined with previously published studies on the physiological effects of chemotherapy in the elderly, indicate that aggressive treatment should not be withheld from older patients simply because of their age. (16 references) AA

Address for reprint requests: HSR & D, Post Office Box 1840, Ann Arbor, Michigan 48106

REFERENCE NUMBER 46

Au: O'Brien, Bernie J.; Buxton, Martin J.; Ferguson, Brian A.

Ti: **Measuring the Effectiveness of Heart Transplant Programmes: Quality of Life Data and their Relationship to Survival Analysis**

So: Presented at that the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

This paper explores the problems of benefit measurement in the economic evaluation of heart transplant programs. The authors present data from their evaluation of the UK heart transplant programmes on both survival and quality of life and examine the relationship between the two. The quality of life measure used, the Nottingham Health Profile (NHP), is described and results presented. The authors attempt to aggregate this profile measure into a single index score and combine these data with life expectancy gains to produce estimates of Quality Adjusted Life Years (QALYs) gained for heart transplantation. In addition, they examine the extent to which pre-transplant NHP scores can be used as predictors of post-transplant survival. (36 references) AA

Address for reprint requests: Health Economics Research Group, Brunel University, Uxbridge, Middlesex, UB8 3PH, United Kingdom

REFERENCE NUMBER 47

Au: Pantell, Robert H.; Lewis, Catherine C.

Ti: **What is Medical Care Doing For Children? Issues in Assessment**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs California, February 19-21, 1986

What are the consequences of a disease on a child and is medical care helping? To answer this question the authors develop a conceptual framework to assess the impact of medical care on children, review measurement issues in one aspect of medical care process, doctor-child communication, and address methodologic issues unique to the measurement of outcomes in children. Child health is conceptualized as the ability to participate fully in developmentally appropriate activities and requires a balance of physical,

psychological and social energy. The medical care system influences child health through intervention directed at one or more of these domains. Assessment of the process of medical care affords opportunities to explain differences in short-term outcomes. Interactional systems for analyzing doctor-patient communication have highlighted important process-outcome relationships. Methodological problems of existing interaction systems include inability to effectively deal with critical incidents, metaphors, and information transmittal. In summary, existing measures are well adapted to certain tasks but fall short in their capacity to assess certain outcomes of particular relevance to children using techniques appropriate to the pediatric population. (0 references) AA

Address for reprint requests: Department of Pediatrics, University of California, San Francisco, California 94117

REFERENCE NUMBER 48

Au: Pearlman, Robert A.

Ti: **Development of a Functional Assessment Questionnaire for Geriatric Patients: The Comprehensive Older Persons' Evaluation**

So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

The absence of an acceptable questionnaire inhibits clinician assessment of geriatric patient function. This study's objective was to develop a clinical, functional assessment questionnaire to complement routine history-taking. Several sources of data were used to identify questions worthy of inclusion. Community hospital use of the Functional Assessment Inventory was reviewed to identify questions which discriminated between inpatients and outpatients. Repeated administrations of the Older Adult Resources and Services questionnaire with elderly Medicaid patients were reviewed to identify questions which discriminated between community and nursing home status and predicted nursing home placement. Twenty clinicians providing geriatric care participated in a modified Delphi survey to identify clinically important questions. Questions were identified which: a) were considered clinically essential; b) discriminated between inpatients and outpatients and between independent living status and nursing home status; c) predicted subsequent nursing home placement; and d) changed in status over six months and predicted subsequent nursing home placement. These questions were organized into a brief, clinically relevant functional assessment questionnaire to help clinicians assess function, monitor care, and determine service needs for older patients. Its use may facilitate the efficient provision of geriatric care. (29 references) AA

Address for reprint requests: Geriatric Research, Education and Clinical Center (182B), Veterans Administration Medical Center, 1660 South Columbian Way, Seattle, Washington 98108

REFERENCE NUMBER 49

Au: Peters, Michael; Marshall, James

Ti: **The Development and Trials of a Decision-Making Model**

So: *Evaluation Review* 10(1):5-27, 1986

The authors describe an evaluation undertaken on contract for the New Zealand State Services Commission of a major project (the Administrative Decision-Making Skill Project) designed to produce a model of administrative decision making and an associated teaching/learning package for use by government officers. It describes the evaluation of a philosophical model of decision making and the associated teaching/learning packages in the setting of the New Zealand Public Services, where a deliberate attempt has been initiated to improve the quality of decision making, especially in relation to moral factors. (14 references) AA

Address for reprint requests: Department of Education, University of Auckland, Auckland, New Zealand

REFERENCE NUMBER 50

Au: Peterson, R.D.
 Ti: **The Anatomy of Cost-Effectiveness Analysis**
 So: *Evaluation Review* 10(1):29-44, 1986

Ten steps are identified and explained to assist the performance of a cost-effectiveness analysis (CEA) study. The article is presented from the standpoint of an important social problem that can be elucidated by the CEA procedure. The ten steps outlined generally follow the scientific method, beginning with stating the problem and defining objectives, continuing through identifying alternatives, establishing measures of effectiveness, and formulating and testing a model program. A discussion of selecting alternatives based on different approaches used to conduct the CEA evaluation itself concludes the article. (15 references) AA

Address for reprint requests: Department of Economics, Colorado State University, Fort Collins, Colorado 80523

REFERENCE NUMBER 51

Au: Pinsky, Joan L.; Leaverton, Paul E.; Stokes, Joseph III
 Ti: **Predictors of Good Function: The Framingham Study**
 So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

For the past 37 years, the Framingham Study has served as a landmark for cardiovascular epidemiology and has made seminal contributions to the understanding of the causes and consequences of coronary heart disease and other forms of cardiovascular disease. This paper analyzes the predictors of good function by assuming that health and disease are reciprocal concepts and that the converse of disability is good function. This paper strives to answer the question: "Among those free of disease at the time of the fourth examination of the original cohort, what are the characteristics that distinguish those who continue to have good function from those who do not after 21 years of biennial observation?" (16 references) AA

Address for reprint request: National Heart, Lung and Blood Institute, Bethesda, Maryland 20894

REFERENCE NUMBER 52

Au: Read, Leighton J.; Quinn, Robert J.; Hoefler, Martha Ann
 Ti: **Measuring Overall Health: An Evaluation of Three Important Approaches**
 So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

Health is a complex and relative concept described and measured in so many ways that a generally useful definition is quite elusive. To assess global, or overall health, a battery of instruments was administered to 400 patients at a suburban Veterans' Administration hospital. Each patient was interviewed by one of three research assistants who had received one week of intensive training with written material, role playing, observation, audiotapes, and discussion. The interview consisted of the General Health Perceptions (GHP) (given as supervised self-administered form), the Sickness Impact Profile (SIP), the Quality of Well-Being (QWB) scale, individual items concerning overall health, and brief instruments addressing mental health, satisfaction with care, and demographics. In addition, the patient's medical chart was reviewed and his or her current overall health was the subject of a brief questionnaire sent to the subject's primary care physician. The authors found that each of the three instruments evaluated was practical for use in this research setting geared explicitly to health status assessment. However, there were noteworthy differences in the three measures. Generally speaking, the GHP, SIP, and QWB can all be said to be practical and valid measures of overall health. (4 references) AS-M

Address for reprint requests: New England Deaconess Hospital, Boston, Massachusetts 02215

REFERENCE NUMBER 53

Au: Schmidt, Susan M.; Herman, Lynn M.; Koenig, Pauline; Leuze, Marguerite; Monahan, Mary K.; et al.
 Ti: **Status of Stroke Patients: A Community Assessment**
 So: *Archives of Physical Medicine and Rehabilitation* 67(2): 99-102, 1986

The identification of norms relating to the status of stroke patients is significant to community plans to provide contemporary health services for stroke patients. This two-phase research study assessed the status of stroke patients for a large metropolitan area. The first phase of research was a retrospective hospital record review conducted on 1,665 subjects admitted to 13 Cincinnati hospitals with the primary diagnosis of stroke. This study showed that the Cincinnati outcomes were consistent with the outcomes demonstrated in the literature. The most typical stroke patient was a 71-year-old woman with right hemiplegia, who was living at home with another adult after spending 17.5 days in the acute care hospital. The behavioral functional levels of 105 disabled stroke patients were assessed in the second phase, using the Level of Rehabilitation on Scale. Subjects were analyzed in five functional areas to determine their level of independent living. Demographic data were used to analyze the findings in comparisons. In general, stroke patients function higher in activities of daily living than they do in social interactions. Stroke patients living with another adult demonstrated a lower degree of functioning in activities of daily living than those who lived alone, but scored higher in social interactions. (13 references) AA

Address for reprint requests: Xavier University, Department of Nursing, 2220 Victory Parkway, Cincinnati, Ohio 45206-2858

REFERENCE NUMBER 54

Au: Smith, Jay W.; Denny, William F.; Witzke, Donald B.
 Ti: **Emotional Impairment in Internal Medicine House Staff: Results of a National Survey**
 So: *Journal of the American Medical Association* 255(9):1155-1158, 1986

A questionnaire was sent to all internal medicine program directors who were members of the Association of Program Directors in Internal Medicine to identify the scope of the problem of debilitating emotional impairment in internal medicine house staff for each of the five years 1979 through 1984; 63 of the questionnaires were returned. During these five years, 55.5% of internal medicine training programs granted leaves of absence to medical residents because of emotional impairment; an average of 0.9 of internal medicine house staff required leaves of absence, with the rate twice as common in female residents. Most impaired residents recovered and apparently did well, for 79 continued in medicine. However, 10 completely dropped out of medicine and 2 had a successful suicide; an additional 3 attempted suicide unsuccessfully. (14 references) AA

Address for reprint requests: University Medical Center, 1501 North Campbell Avenue, Tucson, Arizona 85724

REFERENCE NUMBER 55

Au: Stallones, Reuel A.
 Ti: **Epidemiological Studies of Health**
 So: Presented at the Advances in Health Status Assessment Conference Sponsored by the H.J. Kaiser Foundation in Palm Springs, California, February 19-21, 1986

Although the concept of studying the antecedents and predictors of health using the methods of epidemiology is conceptually sound and very attractive, examples of such studies are few and unenlightening. Special problems are involved in the formulation and conduct of these research projects. The first is the adoption of a definition of health which will lead to the statement of unambiguous, measurable endpoints representing health status. Additional difficulties are the number and variety of variables available for inclusion in an index of health status and how they may be weighted and integrated in the

index, the immense number of candidate independent variables, and scaling and analysis of some of the variables. All of the decisions with respect to these problems are arbitrary, for no theory exists to guide the decisional process. Nevertheless, health can be conceived as something apart from disease, it can be studied epidemiologically, and the way to improve the situation is to initiate such studies and learn from experience. (7 references) AS

Address for reprint requests: School of Public Health, University of Texas Health Science Center, Houston, Texas 77225

REFERENCE NUMBER 56

Au: Thomas, J. William; Lichtenstein, Richard

Ti: **Including Health Status in Medicare's Adjusted Average per Capita Cost Capitation Formula**

So: *Medical Care* 24(3):259-275, 1986

Actuarial factors currently comprising Medicare's HMO capitation formula, the Adjusted Average Per Capita Cost (AAPCC), are considered by many researchers to be inadequate as predictors of future period health care costs. While it is often suggested that the formula should incorporate beneficiary health status, no measure of health status suitable for this purpose has yet been identified. The authors present initial results from a study of 1,934 randomly selected Medicare beneficiaries in Michigan. Beneficiaries were surveyed to obtain data on several alternative measures of health status. Medicare claims were used to estimate beneficiary health care costs for periods before and after the survey. In regressions on future period Medicare payments, equations including the AAPCC factors plus a health status measure, achieved R squared values ranging from 0.013 to 0.072 depending on the health status measure, compared with an R squared value of 0.003 for the equation with AAPCC factors alone. (25 references) AA

Address for reprint requests: Department of Medical Care Organization, School of Public Health, University of Michigan, Ann Arbor, Michigan 48109

REFERENCE NUMBER 57

Au: Torrance, George W.

Ti: **Measurement of Health State Utilities for Economic Appraisal**

So: *Journal of Health Economics* 5(1):1-30, 1986

Health status measurement for use in economic appraisal of health care programmes is reviewed in this paper, with particular emphasis on utility measurement. A framework for economic appraisal is presented displaying the various components that must be measured, and showing how the three forms of analysis (cost-effectiveness analysis, cost-benefit analysis and cost-utility analysis) relate to the framework and to each other. One of the components in the framework is health status; it can be measured using ad hoc numeric scales, willingness to pay/receive or health state utilities. The determination of health state utilities is reviewed covering the following issues: alternative sources of utilities, health state descriptions, multi-attribute utility approach, determination of appropriate subjects, utility aggregation, and accuracy. Three measurement techniques for health state utilities are described in detail: rating scale, standard gamble, and time trade-off. The use of these methods is described for both chronic and temporary health states and for both health states considered better than death and those considered worse than death. (62 references) AA

Address for reprint requests: McMaster University, Hamilton, Ontario, Canada L8S 4M4

REFERENCE NUMBER 58

Au: Unwin, Stephen D.

Ti: **A Fuzzy Set Theoretic Foundation for Vagueness in Uncertainty Analysis**

So: *Risk Analysis* 6(1):27-34, 1986

We emphasize the distinction between two forms of uncertainty that arise in risk and reliability analyses: (1) that due to the randomness inherent in the system under investigation and (2) that due to the vagueness inherent in the assessor's perception and judgment of the system. It is proposed that whereas the

probabilistic approach to the former variety of uncertainty is an appropriate one, the same may not be true of the latter. Through seeking to quantify the imprecision that characterizes our linguistic description of perception and comprehension, fuzzy set theory provides a formal framework for the representation of vagueness. In connection with the second form of uncertainty, fuzzy sets and the associated theory of "possibility" are considered as a basis upon which to model the imprecision and vagueness attached to the expert judgment of event likelihood (e.g. component failure). It is noted that from the perspective of the technical complexity of propagation, the possibilistic treatment of uncertainty compares favorably with the more familiar Bayesian approach. (14 references) AA

Address for reprint requests: Sandia National Laboratories, Post Office Box 5800, Albuquerque, New Mexico 87185

REFERENCE NUMBER 59

Au: Waltz, Millard

Ti: **A Longitudinal Study on Environmental and Dispositional Determinants of Life Quality: Social Support and Coping with Physical Illness**

So: *Social Indicators Research* 18(1):71-93, 1986

As part of a longitudinal study on adaptation with a national sample of cardiac patients, socio-environmental and psychological variables were investigated regarding their influence on life quality. Reports by both spouses on positive and negative aspects of their marital relationship were found to have mainly a same-domain impact on positive and negative affect. Experienced social support appeared to have a weak buffering effect in the negative affect domain. Stable characteristics of the marital bond, along with dispositional factors, were suggested as an explanation for the relative stability and statistical association of scores on the Bradburn Affect Balance Scale. A two-factor model of well-being that treats positive and negative affect as independent processes appeared to be supported by a multivariate analysis of longitudinal data. (56 references) AA

Address for reprint requests: Oldenburg Cardiac Rehabilitation Study, University of Oldenburg, D-29000 Oldenburg, Federal Republic of Germany

REFERENCE NUMBER 60

Au: Wells, L. Edward; Sweeney, Paul D.

Ti: **A Test of Three Models of Bias in Self-Assessment**

So: *Social Psychology Quarterly* 49(1):1-10, 1986

A sample of 1,508 high school boys from a national longitudinal survey of academic abilities and beliefs was used to test self-enhancement, self-consistency and stability-contingent theory. Respondents completed standardized ability tests, self-ratings of those abilities and measures of self-esteem and stability of self-esteem. Self-enhancement theory predicts that persons in low, in contrast to high, self-esteem will overrate their ability relative to the standardized measures in order to increase esteem. Self-consistency theory makes the opposite prediction: in order to avoid inconsistency and hence psychological uncertainty, people will make self-ratings that are compatible with their level of self-esteem. A third model, the stability-contingent hypothesis, was also tested. This model predicts that subjects with unstable self-esteem will show enhancement effects while those with stable levels of self-esteem will show consistency effects. Little support was found for either enhancement theory or the stability contingent hypothesis. Instead, self-consistency effects seem to be operating for all our dependent measures. (41 references) AA

Address for reprint requests: Program of Social Psychology, 744 Ballantine Hall, Indiana University, Bloomington, Indiana 47405

REFERENCE NUMBER 61

Au: Wish, Naomi Bailin

Ti: **Are We Really Measuring the Quality of Life? Well-being has Subjective Dimensions as well as Objective Ones**

So: *American Journal of Economics and Sociology*, 45(1):93-99, 1986

In order to compare the quality of life (QOL) in U.S. metropolitan areas economic, sociological, political and cultural data are often gathered and equally weighted without regard for the way QOL is perceived by those who live there. Basing our comparisons of U.S. metropolitan areas solely on objective data or official statistics biases the results so that there is little relationship between one set of measures and another. These results contradict conclusions reached by survey researchers who study the perceptual aspects of the quality of life. Therefore, we must rethink the methods used in future quality of life studies. Psychographic and demographic data must be integrated. (15 references) AA

Address for reprint requests: Department of Political Science, Seton Hall University, South Orange, New Jersey 07079

REFERENCE NUMBER 62

Au: Yelin, Edward H.; Shearn, Martin A.; Epstein, Wallace V.

Ti: **Health Outcomes for a Chronic Disease in Prepaid Group Practice and Fee for Services Settings: The Case of Rheumatoid Arthritis**

So: *Medical Care* 24(3):236-247, 1986

The authors compare health care use and outcomes of a panel of persons with rheumatoid arthritis receiving health care in prepaid group practice and fee-for-service settings. In 1982, they randomly sampled one half of all 114 board-certified or eligible rheumatologists in Northern California. Those who participated provided the names of all patients with rheumatoid arthritis presenting during a 1-month period; 812 of these patients (97 of those listed) were interviewed. In 1984, 745 of them (92 of the baseline cohort) were interviewed; 569 receive care in fee-for-service settings and 176 in prepaid group practice. As in the baseline survey year, the prepaid patients received similar amounts and kinds of health care as their fee-for-service counterparts. The prepaid and fee-for-service patients achieved similar outcomes, as measured by symptoms of illness, functional status, and work disability. The fee-for-service patients reported poorer overall health status. The authors conclude, after 2 years of follow-up study, that patients in prepaid group practice receive similar medical care inputs and achieve outcomes at least as good as those in fee-for-service. (24 references) AA

Address for reprint request: University of California, San Francisco, 350 Parnassus Avenue, Suite 407, San Francisco, California 94117

REFERENCE NUMBER 63

Au: Young, Mark J.; Eisenberg, John M.; Williams, Sankey V.; Hershey, John C.

Ti: **Comparing Aggregate Estimates of Derived Thresholds for Clinical Decisions**

So: *Health Services Research* 20(6 Part I):763-780, 1986

Thresholds for medical decision making are the probabilities of disease at which clinicians choose to initiate testing or therapy. A descriptive analysis of clinicians' decision making can derive its test and test-treatment thresholds and has the potential to explain variation in test utilization. A previously described method summarizes thresholds for a group of clinicians by determining the range of probability which includes the maximum number of clinicians' thresholds for a group of clinicians. These alternative methods enable the analyst to apply standard statistical tests when analyzing the decision-making behavior of groups. For the "unweighted mean of the midpoints" method, a weighted standard error of the mean can be calculated to determine confidence intervals, and a weighted t-test or weighted regression can be used to compare weighted means of the midpoints of threshold ranges. (7 references) AA

Address for reprint requests: Department of Internal Medicine, D-5111, Medical Professional Building, University of Michigan Medical Center, Ann Arbor, Michigan 48109

Professional Journals Reviewed

Articles cited in the ANNOTATIONS Section have been identified from a set of journals that 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.

- ABS-American Behavioral Scientist 29(3) 29(4)
 Acta Psychiatrica Scandinavica 73(1-3)
 American Economic Review 76(1)
 American Journal of Economics and Sociology 45(1)
 American Journal of Epidemiology 123(1-3)
 American Journal of Orthopsychiatry 56(1)
 American Journal of Psychiatry 142(9) 142(11) 143(1-3)
 American Journal of Psychology 98(4) 99(1)
 American Journal of Public Health 76(1-3)
 American Journal of Sociology 91(4) 91(5)
 American Political Science Review 80(1)
 American Psychologist 41(1-3)
 Archives of Environmental Health 41(1) 41(2)
 Archives of Physical Medicine and Rehabilitation 67(1-3)
 Behavioral Science 31(1)
 British Journal of Sociology 37(1)
 Canadian Journal of Behavioral Science 18(1)
 Canadian Journal of Public Health 77(1) 77(2)
 Canadian Medical Association Journal 134(1-6)
 Child Welfare 65(1) 65(2)
 Clinical Gerontologist 4(3)
 Clinical Pediatrics 25(1-3)
 Clinical Psychology Review 6(1)
 Cognitive Psychology 18(1)
 Cognitive Therapy and Research 10(1)
 Community Mental Health Journal 22(1)
 Computers in Health Care 7(1)
 Econometrica 54(1) 54(2)
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 Inquiry 23(1)
 International Journal of Aging and Human Development 22(1) 22(2)
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 International Journal of Health Services 16(1)
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 Journal of Applied Behavioral Science 22(1)
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 Lancet I(8473-8475) I(8477-8480)
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 Milbank Memorial Fund Quarterly 64(1)
 Multivariate Behavioral Research 21(1)
 New England Journal of Medicine 314(1-5) 314(7-13)
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 Operations Research 34(1)

Organizational Behavior and Human Decision 37(1)	Risk Analysis 6(1)
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Philosophy and Public Affairs 15(1)	Social Forces 64(3)
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Review of Economics and Statistics 68(1)	Statistics in Medicine 5(1) 5(2)
	World Health Statistics Quarterly 39(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 January through March 1986 period. Thus, it is possible for unpublished materials that 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's SDILINE and FILE HEALTH data bases in January, February or March 1986. 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.

REFERENCE NUMBER 64

Au: Johnson ML ; Roberts J

Ti: **Prevalence of dermatologic disease in the United States: a review of the National Health and Nutrition Examination Survey, 1971-1974**

So: Am J Ind Med 1985;8(4-5):451-60

The National Health and Nutrition Examination Survey, 1971-1974, provides the only data on the prevalence of dermatologic disease in the United States. Details are given about specific diagnoses, disability, disfigurement, discomfort, and the relationship of skin change to environmental and occupational exposure. One-third of the individuals, which extrapolates to 60 million Americans, had dermatological problems that should have been seen at least once by a physician. Of those, at least a third considered their skin problems to be a handicap, 10% a handicap to employment or housework. These data provide a basis for evaluating the effect of environment and occupation and should be of interest to those concerned with chronic effects of mechanical injury to the skin.

REFERENCE NUMBER 65

Au: Frazier TM

Ti: **Occupational health reporting systems--USA**

So: Am J Ind Med 1985;8(4-5):441-6

The three-fold purpose of this paper is to (1) describe the occupational hazard and health effect information systems used by the National Institute for Occupational Safety and Health (NIOSH), (2) highlight the parts of these data systems that are relevant to the topic of this dermatologic disease and chronic trauma workshop, and (3) to note the inadequacies of existing data systems in the United States.

REFERENCE NUMBER 66

Au: Corney RH

Ti: **The health of clients referred to social workers in an intake team**

So: Soc Sci Med 1985;21(8):873-8

Though numerous reports have strongly argued that there is a need for a closer collaboration between the health and social services, studies investigating the health of clients in contact with the personal social services have been few and limited. This study collected information regarding the physical and mental health of clients referred to social workers in the local authority intake team by means of questionnaires completed by the clients, and a selected sub-sample was also given an interview. Details were also taken regarding the social worker's assessment of health, reasons for referral and their intervention. The results indicated that the proportion of patients with physical or mental illness, or both, were very high and that social workers tended to under-report or under-estimate these illnesses. While there is some suggestion

that the social workers were more likely to carry out more interviews with those clients who were ill, either physically or mentally, the contacts between social workers and medical personnel were very limited indeed.

REFERENCE NUMBER 67

Au: Gupta A ; McMahon S ; Sandhu G
Ti: **Identification of health risk factors among undergraduate university students**
So: Nurs Pap 1985 Summer;17(2):22-37

REFERENCE NUMBER 68

Au: Valdez RB ; Leibowitz A ; Ware JE Jr ; Duan N ; Goldberg GA ; Keeler EB
Ti: **Health insurance, medical care, and children's health**
So: Pediatrics 1986 Jan;77(1):124-8

REFERENCE NUMBER 69

Au: Branch LG ; Nemeth KT
Ti: **When elders fail to visit physicians**
So: Med Care 1985 Nov;23(11):1265-75

Among people over age 70, 17% reported instances of not seeing a physician during the previous year when they thought they should for any one of four reasons, and 12% specifically because they thought the problem was due to their age. Elders with lower income, lower morale, and diminished health status were more likely to report instances of not seeing the physician for reasons of perceived transportation problems, cost difficulties, or because they thought the problem was due to their age; those with higher incomes, without private insurance, living alone, male, and with lower morale were more likely to report instances of noncontact because of appointment difficulties. Elders who attributed problems to their age were more likely to be out of annual contact with a physician, as were those with less formal education, fewer functional problems, and higher morale. Elders reporting appointment difficulties in fact had increased reported frequencies of physician visits, as did those closer to age 70 than age 90, those with worse perceived health, and more functional problems. Strategies for influencing utilization are presented.

REFERENCE NUMBER 70

Au: Miller CA ; Coulter EJ ; Fine A ; Adams-Taylor S ; Schorr LB
Ti: **1984 update on the world economic crisis and the children: a United States case study**
So: Int J Health Serv 1985;15(3):431-50

A previously published report by these authors on the impact in the United States of recession on children's health emphasized four points: available monitoring systems are not adequate for reporting on the health of children in a timely fashion; the monitoring of maternal and child health must emphasize data on population subgroups, i.e., minorities, the poor and those hardest hit by recession; the health of poor children is adversely affected and their numbers dramatically increased during the recession of 1981-82; and comparisons between the recession of 1974-75 and that of 1981-82 suggest that expansion of health services and social support systems during the recession of 1974-75 had a cushioning effect that protected the health of children, while the curtailment of many of these programs during the 1981-82 recession is associated with adverse health trends, especially among the most vulnerable population subgroups. Data on these issues are appreciably better now than they were nine months ago, thus further validating the points made above. As with the previous report, officially released current data are abundant for economic indicators (even for early 1984), but are sparse for health status indicators. The previous report also observed that the health status of children is influenced by interdependent and interlocking factors that

include economic well-being and access to health services and social supports. A new analysis attempts to unlock those relationships and measure the impact of lost welfare benefits, implemented as a result of the Omnibus Reconciliation Act of 1981 (OBRA), and the separate impact of the serious recession of 1981-82. That analysis shows the poverty rate for children increased by 7.6 percentage points between 1981 and 1982. Approximately 60 percent of the increase is attributable to the recession and 40 percent to social policy changes effected after 1981.

REFERENCE NUMBER 71

Au: Bernstein JE
Ti: **A complete approach to health risk management**
So: Risk Manage. 1985 Oct;32(10):58-62

REFERENCE NUMBER 72

Au: Gong YL
Ti: **(Evaluation of health risk appraisal: its principles and methods)**
So: Chung Hua Yu Fang I Hsueh Tsa Chih 1985 Jul;19(4):240-3 (article in Chinese)

REFERENCE NUMBER 73

Au: Soberon Acevedo G ; Narro J
Ti: **(Equity and health care in Latin America. Principles and dilemmas)**
So: Bol Of Sanit Panam 1985 Jul;99(1):1-9 (article in Spanish)

REFERENCE NUMBER 74

Au: Anderson RL
Ti: **Eyelid tattooing. A sign of the times (editorial)**
So: Arch Ophthalmol 1985 Oct;103(10):1469-71

REFERENCE NUMBER 75

Au: Cherepanova IS
Ti: **(The complex socio-hygienic study of large families)**
So: Sov Zdravookhr 1985;(7):29-35 (article in Russian)

REFERENCE NUMBER 76

Au: Gurov AN ; Fedoseev AS
Ti: **(Complex socio-hygienic study of the state of health of adolescents)**
So: Sov Zdravookhr 1985;(7):10-3 (article in Russian)

REFERENCE NUMBER 77

Au: Roddy PC
Ti: **Despite continued improvement, coal miners perceive health as poor**
So: Occup Health Saf 1985 Sep;54(9):29-30, 32-6

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Books on subjects that are related to either the construction or use of composite measures of health status, health-related quality of life or well-being are reviewed in this section. This may include books on topics such as health policy, measurement techniques, and clinical decision making. The positions included in this section are those of the authors and do not necessarily reflect those of the staff of the Clearinghouse on Health Indexes. Books that are written on either the development or application of a health status index, health-related quality of life instrument or other well-being assessment strategy will be included in the ANNOTATIONS Section.

Au: Moolgavkar, Suresh H.; Prentice, Ross L. (editors)
 Ti: **Modern Statistical Methods in Chronic Disease Epidemiology**
 So: New York: John Wiley and Sons, 1986

This book which represents the proceedings of the tenth conference in the Research Applications Conferences sponsored by SIMS is divided into six sections. The first section comprises four papers that discuss aspects of the validity and of the design of epidemiologic studies. Epidemiological studies are largely observational in nature, and special care needs to be exercised in their design. Often, the cost of processing information on a large number of study subjects is an important consideration. One of the papers in this section discusses issues arising in various designs for cohort studies. Careful selection of controls is of crucial importance in epidemiological studies. Often controls with the appropriate characteristics are difficult to find. A second paper in this section covers the topic of partial matching.

The second section covers topics in relative risk regression analysis of epidemiologic data. These models provide flexible and powerful tools for the analysis of epidemiologic data. Various papers deal with time-dependent covariates, new study designs, multivariate failure time data, methods of model criticism, parameter transformations for optimal inference, and issues in matching, covariate adjustment, and incomplete and missing covariate information. The third section addresses issues related to the analysis of correlated disease occurrence data.

The two papers in the section on relative and absolute risk models pick up the topic of model form that was mentioned in Section 2, with an emphasis on additive and multiplicative models. Two distinct topics are discussed. The first paper considers the use of mixture models in order to discriminate between, and more generally test the fit of, additive and multiplicative relative risk models. This work, including detailed examples, demonstrates that large numbers of subjects and disease events will typically be necessary to effect such discrimination. The remaining two sections in this book deal with complex interplay of heredity and environment that are becoming increasingly important in understanding the nature of chronic disease.

Au: Rossi, Peter H.; Wright, James D.; Anderson, Andy B.
 Ti: **Handbook of Survey Research**
 So: New York: Academic Press, 1983

This handbook is an introduction to current theory and practice of sample survey research. Sample surveys have become the major mode of empirical research in a wide variety of social science disciplines and their associated applied fields. Sample surveys provide much of the data that monitor trends in our society, test our theoretical understanding of social and social psychological processes, provide intelligence to market researchers, guide the campaign strategies of hopeful candidates for public office, and in general give us much of our current knowledge about our society. This book addresses both the student who desires to master these topics and the practicing survey researcher who needs a source that codifies, rationalizes and presents existing theory and practice. The authors' purpose in compiling this handbook was to record the contemporary state of the art in selected aspects of survey design and analysis. Not every important topic has been covered but most have been. Extensive bibliographies are provided by most of the authors.

This handbook is divided into three topic areas. The first consists of chapters 1-4 and sets forth the basic theoretical issues involved in sampling, measurement, and the management of survey organizations. The second, consisting of chapters 5-12, has a more applied focus. These chapters discuss hands-on, how to do it issues: how to draw theoretically acceptable samples, how to write questionnaires, how to combine responses into appropriate scales and indices, how to avoid response effects and measurement errors, how to actually go about gathering survey data, how to avoid missing data and other topics of a similar nature. The last four chapters, comprising the third topic area, consider the analysis of survey data with separate chapters for each of the three major multivariate analysis modes currently in use, and one chapter on the uses of surveys in monitoring overtime trends.

Annual Meeting of the Society of Behavioral Medicine
Washington, D.C. 19-22 March 1987

The theme for this meeting is "Behavioral Medicine: A Cost-Effective Approach to Improving Health Status." The sub-themes will focus on the Society's contribution of improving the quality, efficacy, and cost-effectiveness of approaches to health and illness, these sub-themes are: (1) Special Populations--pediatric, geriatric, women, and minority health issues; (2) Bio-behavioral Mechanisms--cardiovascular disease, cancer, addictions, and stress; (3) Primary Prevention--health promotion, worksite health, community health, and alternative delivery systems; (4) Intervention and Rehabilitation--chronic pain, cancer, post-myocardial infarction, diabetes, muscular re-education, stroke, and neurologic impairment; (5) Public Health--health policy, medical sociology, epidemiology, economics, and problems in environmental health; and (6) Conceptual and Training Issues--multidisciplinary training problems, future directions, challenges of the bio-psychosocial model, and student training issues.

For additional information contact:

David B. Abrams
 Society of Behavioral Medicine
 Post Office Box 8530
 University Station
 Knoxville, Tennessee 37996
 (615) 974-5164

International Congress of the World Federation of Public Health Associations
Mexico City, Mexico 22-27 March 1987

The theme for this congress is "International Health in an Era of Economic Constraint: The Challenge". The World Federation of Public Health Associations is a worldwide consortium of 45 national public health associations joining efforts to improve personal and community health and to strengthen the public health professions. Local hosts for the 1987 Congress are the Mexican Society for Public Health. Persons interesting in presenting papers should send abstracts covering the following areas: (1) Economic Considerations for Primary Health Care and Child Survival; (2) Cost Containment through Appropriate Use of Technology, Manpower, and Cost-Effective Interventions; (3) International Economic Cooperation in Strengthening Health Programs, (4) Interrelationships between Health and Economic Development; (5) Women and Health: Social and Economic Perspectives; and (6) Confronting Special Problems in an Era of Economic Constraint: Population Growth, Natural Disaster, Famine, and AIDS. Abstracts may be presented in either English or Spanish.

For additional information contact:

WFPHA Secretariat
 c/o American Public Health Association
 1015 15th Street, NW
 Washington, D.C. 20005 or
 Jose Juis Luna, Local Coordinating Committee, Mexican Society for Public Health, Insurgentes Sur 1397, 60 piso, Col. Insurgentes, Mixcoac, Delegation B, Juarez 03920, Mexico City, Mexico

International Symposium on Adolescent Health
Sydney, Australia 26-31 March 1987

The theme for this symposium is "Adolescent Health and Accelerated Change in Society." The symposium has seven major aims, which include: (1) increased awareness and knowledge of individual participants and the communities which they represent, the global issues and trends in adolescent health and health care; (2) opportunities to interact with fellow workers from differing disciplines, explore options for cross-cultural research and contribute to the problem-solving processes of others; (3) greater familiarity with the

views of young people and the ways in which they can participate in their own health care; (4) improved understanding between young people and adult professionals; (5) acquisition of skills at a variety of levels from working professionally with adolescents to effecting institutional and societal changes; (6) expansion and consolidation of an international support network for professionals linked by the common ideal of improving adolescent health care on a global basis; and, (7) the subsequent publication and dissemination of papers and discussions in selected subject areas.

For additional information contact:

Eddie Moore
Society for Adolescent Medicine
Post Office Box 3462
Granada Hills, California 91344-0462
(818) 368-5996

**Conference on Applications of Quantitative Analytic Methods to Mental Health
Boston, Massachusetts 2-3 April 1987**

This conference is intended to summarize and advance the state of the art in the use of methods of quantitative analysis to guide mental health practice, policy and research. Proposed topics of interest are: (1) The relevance to the interface between mental health issues and primary health care of adults or children; (2) The collaboration among primary care clinicians, mental health professionals and investigators skilled in quantitative analytic techniques; (3) The relevance to clinical problems of high or moderate prevalence, such as depression, anxiety disorders, substance abuse, or somatization disorders; and, (4) The contributions of the formulation to the agenda for research in the application of quantitative techniques to psychiatry, and psychiatric issues, especially in primary care.

For additional information contact:

Donald Berwick or Howard Frazier
Institute for Health Research
Harvard School of Public Health
677 Huntington Avenue
Boston, Massachusetts 02115
Donald Berwick, (617) 731-7580 or Howard Frazier, (617) 732-1060

**International Health Economics and Management Conference
Munich, West Germany 20-27 April 1987**

The theme for this conference is "Creating New Traditions". Attendance to this conference is by invitation only. Specialists in the areas of economics, health care, management, and finance will be brought together in Munich in order to meet the challenges of tomorrow, discover the traditions of other countries and then improve and expand on these to create new traditions for the future. Topics such as: cost containment, strategic planning, privatization of health care, special problems of health delivery in third world countries, manpower and education, alternatives to costly inpatient care, programs for the elderly, and ethics and human values will be covered.

For additional information contact:

John M. Virgo
International Health Economics and Management Conference
Southern Illinois University at Edwardsville
Campus Box 1101
Edwardsville, Illinois 62026-1101
(618) 692-2291

Annual Meeting of the American Geriatrics Society
New Orleans, Louisiana 14-17 May 1987

This meeting will be held in conjunction with the annual meeting of the American Federation for Aging Research. Papers on geriatrics and gerontologic topics will be presented in areas such as: basic research, clinical investigation, clinical medicine and public health.

For additional information contact:

American Geriatrics Society
 770 Lexington Avenue, Suite 400
 New York, New York 10021

International Society for Technology Assessment in Health Care
The Netherlands 21-22 May 1987

The theme of this annual meeting is "Technology Transfer: The Third World and Quality of Care." Subjects relating to medical technology and technology assessment will be presented mostly at the scientific program.

For additional information contact:

Congress Secretariat
 c/o Health Council of the Netherlands
 Gezondheidsraad
 Post Office Box 90517
 2509 LM The Hague
 The Netherlands
 Tel: 31(0)70-47.14,41

Annual Meeting of the American Diabetes Association
Indianapolis, Indiana 4-9 June 1987

For additional information contact:

American Diabetes Association, Inc.
 National Service Center
 1660 Duke Street
 Alexandria, Virginia 22314
 (703) 549-1500 or (800) ADA-DISC (232-3472)

Annual Conference of the Western Economic Association International
Vancouver, British Columbia 7-11 July 1987

The theme for this conference is "Reaching Beyond Boundaries". The sub-themes that are of potential interest to health index developers and users will be: (1) History--systems; (2) Economic Growth--development--planning; (3) Fluctuations; (4) Quantitative Methods Data; (5) Industrial Organization--technological change--industry studies; (6) Manpower--labor--population; (7) Welfare Programs--consumer economics; and, (8) Urban and Regional Economics.

For additional information contact:

Western Economic Association International
 7400 Center Avenue
 Suite 109
 Huntington Beach, California 92647-3055
 (714) 898-3222

Annual Meeting of the American Public Health Association
New Orleans, Louisiana 18-22 October 1987

The theme for the meeting is "Health Care-- For People or For Profit."

For additional information contact:

American Public Health Association
 1015 15th Street, NW
 Washington, DC 20005
 (202) 789-5668

Other Forthcoming Meetings

Applications of Individual Differences in Stress and Health Psychology: March 4-6, 1987, Winnipeg, Canada, for information write to: Michel Pierre Janisse, Department of Psychology, University of Manitoba, Winnipeg, Manitoba R3T 2N2, Canada...*Southeastern Psychological Association*: March 25-28, 1987, Atlanta, Georgia, for information write to: Laurence Siegel, Department of Psychology, Louisiana State University, Baton Rouge, Louisiana 70803...*Eastern Psychological Association*: April 9-12, 1987, Arlington, Virginia, for information write to: Murray Benimoff, Department of Psychology, Glassboro State College, Glassboro, New Jersey 08028...*Southwestern Psychological Association*: April 16-18, 1987, New Orleans, Louisiana, for information write to: Gordon K. Hodge, Department of Psychology, University of New Mexico, Albuquerque, New Mexico 87131...*Southern Society for Philosophy and Psychology*, April 16-18, 1987, Atlanta, Georgia, for information write to: Stephen F. Davis, Department of Psychology, Emporia State University, Emporia, Kansas 66801...*International Conference of Theoretical Psychology*: April 20-25 1987, Banff, Canada, for information write to: William J. Baker, Center for Advanced Study in Theoretical Psychology, University of Alberta, Edmonton, Alberta, Canada T6G 2E9...*Western Psychological Association*: April 23-26, 1987, Long Beach, California, for information write to: Robert A. Hicks, Department of Psychology, San Jose State University, San Jose, California 95192...*Midwestern Psychological Association*: May 6-9, 1987, for information write to: Norman E. Spear, Department of Psychology, State University of New York at Binghamton, Binghamton, New York 13901... *Association for Behavior Analysis*: May 24-28, 1987, Nashville, Tennessee, for information write to: Sharon Myers, Department of Psychology, Western Michigan University, Kalamazoo, Michigan 49008...*Rocky Mountain Psychological Association*: 1987, Albuquerque, New Mexico, for information write to: Irwin H. Cohen, Mental Hygiene Clinic (116D), V.A. Medical Center, 1055 Claremont Street, Denver, Colorado 80220...*International Conference on Data Bases in the Humanities and Social Sciences*: July 11-13, 1987, Montgomery, Alabama, for information write to: Lawrence J. McCrank, AUM Library and Resource Center, Auburn University, Montgomery, Alabama 36193- 0401...*Meeting of the International Society for the Study of Behavioral Development*: July 12-16, 1987, Tokyo, for information write to: Keiko Kashiwagi, Tokyo Women's Christian University, 2-6-1, Zempukuji, Sugunami-ku, Tokyo, Japan... *World Congress on Pain*: August 2-7, 1987, Hamburg, for information write to: IASP, 909 NE 43rd Street, Room 204, Seattle, Washington 98105-6020...*Joint Statistical Meetings, American Statistical Association, Biometric Society (ENAR, WJAR), IMS*: August 17-20, 1987, San Francisco, California, for additional information write to: ASA, 806 15th Street, N.W., Washington, DC 20005...*Biennial Session of the International Statistical Institute*: September 8-16, 1987, (includes meetings of Bernoulli Society, International Association for Official Statistics, International Association of Statistical Computing, and International Association of Survey Statisticians,) Tokyo, Japan, for information write to: ISI Permanent Office, 428 Prinses Beatrixlaan, Post Office Box 950, 2270 AZ Voorburg, Netherlands...*German Conference on Developmental Psychology*: September 13-16, 1987, Bern, Switzerland, for information write to: Isabelle Herzog, Department of Psychology, University of Bern, Laupenstrasse 4, CH-3008 Bern, Switzerland...*Annual Meeting, National Association of Business Economists*: September 27 -October 1, 1987

Geriatric Medicine Fellowship

A two-year fellowship in Geriatric Medicine at the University of Connecticut Medical School is available for July 1987. The program prepares its fellows for academic careers in Geriatric Medicine. The first year emphasizes clinical training at sites affiliated with the University, including acute hospital consultation, geriatric assessment, teaching nursing home, rehabilitation, and ambulatory care. The second provides research and teaching training, using the full resources of the University. Interdisciplinary function and teaching are integrated throughout the two years. Most applicants will have completed residency training in Internal Medicine. For additional information write to: Richard W. Besdine, Travelers Center on Aging, University of Connecticut, School of Medicine, Farmington, Connecticut 06032-9984 or telephone (203) 674-3956.

Rand/UCLA Center for Health Policy Study Fellowship

The Rand/UCLA Center for Health Policy Study, is sponsored by a grant from the Pew Memorial Trust, and is accepting applications into its fellowship programs. The Center's three-year annual Health Policy Fellowship supports doctoral studies in health policy analysis for students who are accepted for graduate study at the UCLA School of Public Health or the Rand Graduate School; five such fellowships are awarded annually. The one-year Policy Career Development Program is designed for persons at mid-career whose current responsibilities and/or career plans require them to improve their understanding of health policy analysis; three Policy Career Development stipends are awarded annually. For additional information write to Kate Korman, The Rand/UCLA Center for Health Policy Study, 1700 Main Street, Post Office Box 2138, Santa Monica, California 90406-2138.

Publication Announcements

Health Care Grants Directory

This directory entitled "Directory of Biomedical and Health Care Grants" contains 1,358 health-related funding programs ranging from laboratory investigations to programs that are designed to study the needs of society in health care delivery. Special efforts have been made to increase coverage of areas such as: clinical and programmatic studies in gerontology and mental health; clinical studies of the cause, detection, and elimination of cancer; health care delivery and maintenance; and epidemiological studies of infectious diseases. Each program listed in the main section of the directory contains an annotation describing the program's focuses and goals, program requirements listing eligibility statements, program restrictions listing exclusions, contact, and deadlines, and funding amounts. When using this directory researchers seeking funding can match the needs of their particular programs with those sponsors who are offering funding programs in the researchers' areas of interest. The current information listed in this directory is meant to eliminate the cost being incurred by both research and sponsor when proposals are submitted which are inappropriate for a sponsor's funding program.

Price: \$55.00

To order this directory, contact:

Oryx Press Customer Service
2214 North Central at Encanto
Phoenix, Arizona 85004-1483.

or telephone: (602) 254-6156

Diabetes in America: Diabetes Data Compiled 1984

This book was designed to serve as a reliable resource for assessing the scope and impact of diabetes and its complications, determining health policy and priorities in diabetes, and identifying areas of need in

research. The intended audience is heterogeneous and includes health policy makers at the federal and local levels who need a sound quantitative base of knowledge to use in decision making; clinicians who need to know the probability that patients have diabetes and the prognosis of their disease; persons with diabetes and their families who need sound data on which to make decisions about their life with diabetes; and researchers who need to identify areas where scientific knowledge is lacking. Four general areas are discussed: the demographic specificity of the disease in various segments of the population; the risk of developing diabetes and of developing its complications; the impact of diabetes on the patient and on the population in terms of morbidity, disability, mortality and cost; and its impact on resources of the health care system. Whenever possible, the classification system and diagnostic criteria recommended by the National Diabetes Data Group in 1979 was used.

Price: \$23.00, GPO stock number: 017-045-00102-1

To order this publication, contact:

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

or telephone: (202) 783-3238

or

National Diabetes Information Clearinghouse
Box NDIC
Bethesda, Maryland 20894

or telephone: (301) 468-2162

The Prevention Index 85: A Report Card on the Nation's Health, Summary Report

This report contains highlights of the 1985 Prevention Indexes for adults and children and summarized the second (1984) Louis Harris and Associates survey on American's health behaviors on which the Index was partly based.

Price: First copy of this report is available at no charge, additional copies will be \$2.50 each.

Prevention in America 2: Steps People Take--or Fail to Take--for Better Health

This is the technical report on the second annual nationwide survey by Louis Harris and Associates of health and safety habits of Americans. The topics covered are exercise and weight control, diet and nutrition, cholesterol, smoking, alcohol use, drug use, stress control, safety precautions, medical exams, dental care, and behavior during pregnancy.

Price: \$20.00

To order these two publications, contact:

The Prevention Research Center
The Prevention Index
33 E. Minor Street
Emmaus, Pennsylvania 18049

World Health Statistics Annual, 1985

This yearly publication contains over 500 pages of maps, diagrams, tables, text and collects statistics useful in monitoring health trends throughout the world. The coverage and format are designed to give health planners and epidemiologists ready access to the data required for effective management of public health.

The information ranges from demographic data on more than 200 countries and territories to statistics on age- and sex-specific death rates, by country and by cause, and includes a topic of prime relevance to the goal of health for all by the year 2000.

Price: Sw.fr. 85.-.

To order single copies of this publication, contact:

World Health Organization
Publications Center
49 Sheridan Avenue
Albany, New York 12210

or to place subscription orders, contact:

World Health Organization
Distribution and Sales Service
1211 Geneva 27
Switzerland

Publication Note

This citation was previously cited as an unpublished publication in the *Bibliography on Health Indexes*, Number 3, 1985. Listed below is the published citation:

Au: Elinson, Jack

Ti: **The End of Medicine and the End of Medical Sociology?**

So: Journal of Health and Social Behavior 26(4):268-275, 1985

Back issues of the *Bibliography of Health Indexes* now on sale from Government Printing Office (GPO):

Bibliography on Health Indexes, Number 4, 1985

Price: \$2.00 GPO stock number 017-022-00981-1

Bibliography on Health Indexes, Number 3, 1985

Price: \$2.25 GPO stock number 017-022-00965-0

Bibliography on Health Indexes, Number 2, 1985

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Bibliography on Health Indexes, Number 1, 1985

Price: \$1.75 GPO stock number 017-022-00946-3

Bibliography on Health Indexes, Number 4, 1984

Price: \$2.00 GPO stock number 017-022-00872-6

Bibliography on Health Indexes, Number 3, 1984

Price: \$2.00 GPO stock number 017-022-00860-2

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

- 7 Ebrahim, Shah; Nouri, Fiona; Barer, David: Measuring Disability after a Stroke: *Journal of Epidemiology and Community Health* 39(1):86-89, 1985
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