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Clearinghouse on Health Indexes

National Center for Health Statistics

Issue 2 • 1983

Bibliography on Health Indexes

12 Interagency Statistical Committee on Long-Term Care for the Elderly, Data Coverage of the Functionally Limited Elderly, Washington, D.C.: Department of Health and Human Services, 1980

13 Interagency Statistical Committee on Long-Term Care for the Elderly, Inventory of Data Sources on the Functionally Limited Elderly: A Compendium of the Content and Coverage of Data Sources on Long-Term Care for the Elderly, Washington, D.C.: Department of Health and Human Services, 1980

13 Kardashenko, V.N.; Stromskaia, E.P.; Varlamova, L.P.; Prokhorova, M.V.; Vishnevetskaia, T.Iu. et al., Physical Development as an Important Indicator of Health Status of Children and Adolescents, Gigiena i Sanitariia (Moscow) (10):33-35, 1980 (article in Russian)

13 Khabirova, G.F.; Shatrukov, L.F., Mathematical Prognosis of the Outcomes of Severe Fractures of the Bones that Form the Knee Joint, Ortopediia Travmatologiia i Protezirovanie (8):37-41, 1980 (article in Russian, abstract in English)

14 Kottow, Michael H., Defining Health, Medical Hypotheses 6(10):1097-1104, 1980

14 Krantz, David S.; Baum, Andrew; Wideman, Margaret V., Assessment of Preferences for Self-Treatment and Information in Health Care, Journal of Personality and Social Psychology 39(5):977-990, 1980

14 Kuntavanish, Anne A.; Ostrow, Patricia Curran, The Outcomes of Back Conservation Education, Quality Review Bulletin 6(4):22-26, 1980

15 Lesnikowska, M., How Good Health Should be Valued, Pielegniarka i Polozna (3):22-23, 1980 (article in Polish)

15 Malinskii, D.M., Method of Evaluating the Effectiveness of Dispensary Care, Sovetskoe Zdravookhranenie (8):13-17, 1980 (article in Russian, abstract in English)

15 Mooney, Gavin H., Cost-Benefit Analysis and Medical Ethics, Journal of Medical Ethics 6(4):177-179, 1980

16 National Opinion Research Center (NORC), Develop Methodology for Two National Surveys: The NORC Instrument for Assessing Functional Status, Chicago, Illinois: National Opinion Research Center, 1981

16 Niehoff, J.U., Health-Political Aspects in the Evaluation of the State of Health in a Population, Zeitschrift fur Aerztliche Fortbildung 74(9):423-428, 1980 (article in German)

16 Nomura, Yutaka; Nakamura, Masahiko, An Experimental Approach to Medical Decision Problems, Computers and Biomedical Research 14(1):1-18, 1981

17 Notkin, E.L., Method for the Complex Assessment of the Health Status of the Population, Gigiena i Sanitariia (Moscow) (9):47-49, 1980 (article in Russian)

17 Patrick, Donald L.; Darby, Sarah C.; Green, Stephen; Horton, Geoffrey; Locker, David, et al., Screening for Disability in the Inner City, Journal of Epidemiology and Community Health 35(1):65-70, 1981

17 Pauker, Stephen G.; McNeil, Barbara J., Impact of Patient Preferences on the Selection of Therapy, Journal of Chronic Diseases 34(2/3):77-86, 1981

18 Procci, Warren R., A Comparison of Psychosocial Disability in Males Undergoing Maintenance Hemodialysis or Following Cadaver Transplantation, General Hospital Psychiatry 2(4):255-261, 1980

18 Savastano, Helena, The Binomial Health-Disease Approach and the Concept of Personality in the Ecosystem: Implications for Public Health, Revista de Saude Publica 14(1):137-142, 1980 (article in Portuguese)

19 Sintonen, Harri, An Approach to Measuring and Valuing Health States, Social Science and Medicine 15C:55-65, 1981

19 Sloane, Philip D., Nursing Home Candidates: Hospital Inpatient Trial to Identify Those Appropriately Assignable to Less Intensive Care, Journal of the American Geriatrics Society 28(11):511-514, 1980

20 Staff, Peer H., ADL-Assessment, Scandinavian Journal of Rehabilitation Medicine (Supplement 7): 153-155, 1980

20 Taylor, F. Kraupl, The Concepts of Disease, Psychological Medicine 10(3):419-424, 1980

(Continued on p. 42)

BIBLIOGRAPHY on HEALTH INDEXES

INTRODUCTION

This issue contains annotated citations of literature on health indexes which became available in January through March 1981. Items have been grouped into four sections: Annotations, Book Reviews, Conferences, and Bulletin Board.

Annotations

Published articles listed in this section have been identified from the National Library of Medicine online data files and Current Contents: Social and Behavioral Sciences for the first three months of 1981. In addition, the Clearinghouse routinely searches over 60 journals. Each new issue is examined for book reviews, current research funding, and forthcoming conferences as well as pertinent articles. Journal titles and actual volume number searched are listed on pages 5 and 6. Many of the journals routinely searched are also listed in the reference sources (Medlars and Current Contents); this overlap provides assurance that relevant titles are identified.

The unpublished articles cover work in progress and articles accepted for publication. The reports listed here have been received by the Clearinghouse during the January through March 1981 period. Further information about these projects can be obtained from the Clearinghouse.

Book Reviews

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

Conferences

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

Bulletin Board

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

Format

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

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

Reprints

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

BIBLIOGRAPHY on HEALTH INDEXES

SOURCES of INFORMATION (January-March 1981)

Current Contents: Behavioral and Social Sciences

Volume 12, Numbers 1-13 total issues

The Clearinghouse on Health Indexes searches SDILINE and HEALTH (the Health Planning and Administration File), two of the U.S. National Library of Medicine's online data bases. Clearinghouse staff has developed strategies to identify references on measures of health status, well-being and quality of life and 1) health services research; 2) clinical medicine; 3) health and social policy; and, 4) health planning and resource allocation. In addition, there is a strategy to identify articles which discuss the ethical issues of assessing health. While too complex to be easily printed here, Clearinghouse staff will answer any inquiries which you may have about any specific search strategy.

The following journals were searched for information on health indexes:

ABS (American Behavioral Scientist) 24(3) 24(4)
American Economic Review 71(1)
American Journal of Economics and Sociology 40(1)
American Journal of Epidemiology 113(1) 113(2) 113(3)
American Journal of Public Health 71(1) 71(1 Suppl) 71(2) 71(3)
American Journal of Sociology 86(4) 86(5)
American Psychologist 36(1) 36(2) 36(3)
American Sociological Review 46(1)
American Sociologist 16(1)
Archives of Physical Medicine and Rehabilitation 62(1) 62(2) 62(3)
Behavioral Science 26(1)
British Journal of Sociology 32(1)
Canadian Journal of Public Health 72(1) 72(1 Suppl) 72(2)
Community Mental Health Journal 17(1)
Computers and Biomedical Research 14(1)
Hastings Center Report 11(1)
Health Care Management Review 6(1)
Health Services Research 16(1)
Inquiry (Chicago) 18(1)
International Journal of Epidemiology 10(1)
International Journal of Health Education 24(1)
International Journal of Health Services 11(1)
Journal of Chronic Diseases 34(1) 34(2/3)
Journal of Community Health 6(3)
Journal of Economic Literature 19(1)
Journal of Epidemiology and Community Health 35(1)
Journal of Gerontology 36(1) 36(2)

Journal of Health Politics, Policy and Law 5(4)
Journal of Social Issues 37(1)
Journal of Social Policy 10(1)
Management Science 27(1) 27(2) 27(3)
Medical Care 19(1) 19(2) 19(3)
Milbank Memorial Fund Quarterly 59(1)
New England Journal of Medicine 304(1-5)
Operations Research 29(1) 29(2)
Perspectives in Biology and Medicine 24(2)
Preventive Medicine 10(1) 10(2)
Public Health Reports 96(1)
Public Opinion Quarterly 45(1)
Review of Economics and Statistics 63(1)
Social Forces 59(3)
Social Polciy 11(4) 11(5)
Social Psychology Quarterly 44(1)
Sociological Quarterly 22(1)
Technology Review 83(3) 83(4)
Topics in Health Care Financing 7(3)

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

BIBLIOGRAPHY on HEALTH INDEXES

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

ANNOTATIONS

REFERENCE NUMBER 1
Au: Adler, Mark K.; Brown, Curtland C., Jr.; Acton, Patricia
Ti: Stroke Rehabilitation--Is Age a Determinant?
So: Journal of the American Geriatrics Society 28(11):499-503, 1980

A retrospective survey was made of the average improvement, length of stay, and discharge placement of 180 stroke patients admitted to a rehabilitation hospital. The patients were divided into subgroups depending upon the admission functional score: 0-20, 21-40, 41-60, and over 60. In the subgroups, no statistically significant differences were apparent for the average improvement of patients under age 55 as compared to those over 75, except for those whose initial functional score was 21-40. In this subgroup, the average improvement for patients under age 55 was 26.4 points with a length of stay of 31.9 days, whereas for those over age 75 the average improvement was 15.5 points with a length of stay of 25.9 days. Thus, age per se did not seem to be a determinant factor in successful rehabilitation; rather, the poor showing of the oldest group for the 21-40 score in the sub-set may have been due to premature discharge.
(6 references) AA-M

REFERENCE NUMBER 2
Au: Ament, A.
Ti: Observations on the Application of Cost-Benefit Analysis in Health Care
So: Nederlands Tijdschrift voor Geneeskunde 124(34):1423-1427, 1980
(article in Dutch)

(5 references)

REFERENCE NUMBER 3
Au: Ammann, W. H.
Ti: Learning About a Person's Well-Being
So: Washington, D.C.:U.S. General Accounting Office, filed 1981

REFERENCE NUMBER 4
Au: Barahona-Fernandes, H.J.
Ti: Social Psychiatry: Anthropological Model of Disease/Mental Health
So: Acta Medica Portuguesa 1(2):251-265, 1975 (article in Portuguese, abstract in English)

The praxis and epistemology call for a special model of psychiatry uniting biologic, psychologic, and socio-cultural parameters in the whole. It is not reasonable to deny the medical model but, instead, we ought to find a substitute one, congruent with the reality of the "mentally diseased man." Several diagrams have been developed concerning: the structure of the whole of the particular personality; the general forms of its troubles; the perturbations and disintegrations of the basic psychopathologic structures; the pathogenic multidimensionality (convergence of the genetic factors and ecologic environment, social structures and historico-cultural ambient, human interaction and relations, etc.). Health and disease are not isolated entities but on the contrary they are connected by bonds of reciprocal interaction. There is a rather complex organization of dynamical actions (of preturbation, balance, and compensation) and of pathogenic and curative processes. The author discusses a whole dialectic of encounters of disorganizing effects of the disease and of the organization towards a better health, which should be used in clinical practice.
(16 references) AA-M

REFERENCE NUMBER 5
Au: Baumgarten, Elias
Ti: The Concept of Competence in Medical Ethics
So: Journal of Medical Ethics 6(4):180-184, 1980

The author analyses three possible justifications for doctors to decide that a patient is 'incompetent' to make or participate in medical decisions affecting him, and points out the difficulties of each. He argues that the degree to which a patient relinquishes control over decision-making which affects him will vary in different circumstances and should be explicitly agreed in the initial doctor-patient contract, rather as it often is when a client employs a professional to invest money on his behalf.
(5 references) AA

REFERENCE NUMBER 6
Au: Card, W. I.; Emerson, P. A.
Ti: Test Reduction: I. Introduction and Review of Published Work
So: British Medical Journal 281(6239):543-545, 1980

The word 'test' is used in a more general sense to describe the process of eliciting evidence of any kind from a patient, and this paper explores the thesis that much evidence is unnecessary and that therefore much test reduction is possible. The value of test reduction can be measured by its efficiency--that is, its effect on the misclassification of disease--or, preferably, by some measure of its cost effectiveness.
(20 references) AA

REFERENCE NUMBER 7
Au: Culyer, A. J.; Simpson, Heather
Ti: Externality Models and Health: A Riikblick over the Last Twenty Years
So: Economic Record 56(154):222-230, 1980

This paper suggests that if the externality is viewed as arising directly from health status, the problem for health policy becomes essentially an engineering one requiring careful analysis of the technical relationships between health services and status. Variable price subsidies are not an obvious implication since individual marginal values of health care become largely irrelevant. Contract costs may be minimized if the 'firm' is very large and this may provide the beginning of an explanation for direct state involvement in the production and distribution of health care.
(56 references) AA-M

REFERENCE NUMBER 8
Au: Dale, Britt
Ti: Subjective and Objective Social Indicators in Studies of Regional Social Well-Being
So: Regional Studies 14(6):503-516, 1980

Studies of regional well-being carried out so far have often produced confusing and conflicting results, in particular regarding the degree of correspondence between results based on, respectively, subjective and objective indicators. In this paper some explanations of these contradictory results are suggested. These stress the lack of explicit definitions of "subjective" and "objective" indicators, the failure to take account of the relationship between indicators and life-domains and failure to pay attention to the influence of the spatial context. The explanations are first related to a sample of case studies. Thereafter, they are elaborated in the light of recent Norwegian research on social well-being.
(17 references) AA

REFERENCE NUMBER 9
Au: Ewert, Gunter; Klinger, Frank
Ti: Practical Judgments for the Characterization of the Health Status on the Population Level: 3. Health Status as a Health Judgment
So: Zeitschrift fur Aerztliche Fortbildung 73(21):1029-1031, 1979
(article in German)

(0 references)

REFERENCE NUMBER 10
Au: Fugl-Meyer, Axel R.; Jaasko, Lisbeth
Ti: Post-Stroke Hemiplegia and ADL-Performance
So: Scandinavian Journal of Rehabilitation Medicine (Supplement 7):140-152, 1980

The primary aim of this investigation is to describe the effects of impaired motor function on the level of activities of daily living (ADL) capacity in hemiplegics. A total of 52 ADL items were covered with a four-point ordinal scale being applied to each item. The 52 items were subdivided into six groups. Thus, for each individual, a cumulative score for ADL performance could be measured. The principal findings of this study are that the final stage of motor recovery in hemiplegia is a significant predictor for self-care in activities of daily living. Another principal deduction is that the ADL capacity should be gauged in functional rather than in mechanistic objective terms (CAN and DOES versus CAN) and, preferably, the ADL capacity should be measured and trained in the mileau where the hemiplegic is to live.
(25 references) AA-M

REFERENCE NUMBER 11
Au: Garraway, W. M.; Akhtar, A. J.; Hockey, L.; Prescott, R. J.
Ti: Management of Acute Stroke in the Elderly: Follow-up of a Controlled Trial
So: British Medical Journal 281(6244):827-829, 1980

Follow-up of a controlled trial of the management of acute stroke in the elderly showed that the improvement in functional outcome at the time of discharge from hospital that had been achieved through establishing a stroke unit had disappeared by one year. Factors that might have contributed to this included overprotection by the families of patients who had been treated in the stroke unit, who were not permitted to carry out activities of daily living in which they were independent, and the early discharge from medical units of patients whose full rehabilitation potential had not been realised. Prolonging the benefits of short-term gains in functional outcome through the intervention of a stroke unit requires that all the links in the chain of stroke rehabilitation are maintained, including the proper orientation of patient's families before discharge from hospital.
(5 references) AA

REFERENCE NUMBER 12
Au: Ghana Health Assessment Project Team
Ti: A Quantitative Method of Assessing the Health Impact of Different Diseases in Less Developed Countries
So: International Journal of Epidemiology 10(1):73-80, 1981

A method is described for assessing quantitatively the relative importance of different disease problems on the health of a population. The impact of a disease on a community is measured by the number of healthy days of life which are lost through illness, disability and death as a consequence of the disease. The measure is derived by combining information on the incidence rate, the case fatality rate and the extent and duration of disability produced by the disease. In Ghana, it is estimated that malaria, measles, childhood pneumonia, sickle cell disease and severe malnutrition are the five most important causes of loss of healthy life and between them they account for 34% of healthy life lost due to all diseases. The methodology may be used to help determine the priorities for the allocation of resources to alternative health improvement procedures by estimating the number of healthy days of life which are likely to be saved by different procedures and by relating these savings to the costs of the procedures.
(16 references) AA

REFERENCE NUMBER 13
Au: Goosens, William K.
Ti: Values, Health, and Medicine
So: Philosophy of Science 47(1):100-115, 1980

This paper argues for the importance of approaching medicine, as a theoretical science, through values. The normative concepts of benefit and harm are held to provide a framework for the analysis of medicine which reflects the obligations of the doctor-patient relationship, suffices to define the key concept of medical relevance, yields a general necessary condition for the basic concepts of medicine, explains the role of such nonnormative conceptions as discomfort, dysfunction, and incapacity, and avoids the mistakes of other normative approaches which hold that unhealthy conditions are disvaluable or should be treated. Neutralist analyses are criticized, especially those approaching health through proper functioning.
(references unknown) AA

REFERENCE NUMBER 14
Au: Holcik, J.
Ti: Basic Methods of Constructing General Health Indexes
So: Ceskoslovenske Zdravotnictvi 28(6):229-234, 1980 (article in Czechoslovakian) (summary in English)

Based on instructive samples, the author explains simple methods of combining of different indicators by conversion to dimensionless numbers. The importance of selection of a comparable unit for overall assessment of the health status of the population is emphasized.
(12 references) AA

REFERENCE NUMBER 15
Au: Howell, Robert
Ti: The Purposes of a Health Service: An Examination of some Fundamental Notions
So: Presented at the New Zealand Sociological Association Conference, 1980

In this presentation the meanings and distinctions of some key concepts in health-talk have been analysed and used in goal statements of a health service. The difficulties with some of these goals, and some implications for the allocation of health care resources, have been described. In particular the goal concerned with postponing death, and a goal based on a disease model of ill-health, have been rejected in favor of a goal based on illness/disability model. This goal was then related to the notion of the sick role. If this latter goal is accepted it is likely to bring changes in the type of health indicators, the role of the doctor in the health care team, the relation of hospital and community health services, and the nature of preventive and research work.
(54 references)

REFERENCE NUMBER 16
Au: Interagency Statistical Committee on Long-Term Care
for the Elderly
Ti: Data Coverage of the Functionally Limited Elderly
So: Washington, D.C.:Department of Health and Human Services, 1980

The committee was convened because many studies, reports an analyses spoke of a lack of baseline data on the elderly and the critical factors in their environment which allow them to function as independently as possible. This report discusses the committee's five recommendations with regard to adequacy of the coverage of existing data and obtaining needed data. The recommendations are: 1) improve access to data; 2) carry out an extensive analysis of available data; 3) eliminate major gaps in coverage common to national surveys; 4) collect a standard set of items as appropriate to the focus of the data effort; and 5) use "piggybacking" in gathering further data.
(0 references) CH-P

REFERENCE NUMBER 17
Au: Interagency Statistical Committee on Long-Term Care
for the Elderly
Ti: Inventory of Data Sources on the Functionally Limited Elderly:
A Compendium of the Content and Coverage of Data Sources
on Long-Term Care for the Elderly
So: Washington, D.C.:Department of Health and Human Services, 1980

This inventory includes two pages of detailed information on the content and coverage of each individual data source as well as descriptive information on the 103 data sources taken as an aggregate. Data sources are included if they are person based, contain information on functional limitations of elderly persons, and included data items bearing on policy-related areas such as formal or informal assistance received and health outcomes. While most of the data has been gathered since 1974, several classical studies have been included, even though they are older.
(103 references) CH-P

REFERENCE NUMBER 18
Au: Kardashenko, V.N.; Stromskaia, E.P.; Varlamova, L.P.;
Prokhorova, M.V.; Vishnevetskaia, T.Iu. et al.
Ti: Physical Development as an Important Indicator of Health Status of
Children and Adolescents
So: Gigiena I Sanitariia (Moscow) (10):33-35, 1980 (article in Russian)

Individual evaluations of the physical development of 3,327 school children aged 8 to 17 years were made using a comprehensive evaluation scheme providing for assessments of the level of biologic development and the harmonicity of the morpho-functional state of the body. The established relationship between health status and harmonicity of development is discussed. Risk groups have been identified.
(14 references) AA

REFERENCE NUMBER 19
Au: Khabirova, G. F.; Shatrukov, L. F.
Ti: Mathematical Prognosis of the Outcomes of Severe Fractures
of the Bones that Form the Knee Joint
So: Ortopediia Travmatologiia i Protezirovanie (8):37-41, 1980
(article in Russian, abstract in English)

The electronic computer program, worked out for the prognosis of outcomes of severe fractures of the knee-joint region, is presented in the work. Tables of the computer prognosis of outcomes after methods of therapy are proposed, with aid of which it is possible, without recourse to the electronic computer, to determine the most appropriate and indicated in the concrete case method of therapy.
(11 references) AA

REFERENCE NUMBER 20
Au: Kottow, Michael H.
Ti: Defining Health
So: Medical Hypotheses 6(10):1097-1104, 1980

Societies are here postulated as living unities the components of which maintain processes that ensure the production of such components. Health is a societal concept applied to its component individual human beings and describes their fitness for the survival of society. Medicine that treats disease is concerned with the individual and his survival. Health caring institutions and concepts are all societal endeavors that are not designed for individual benefit, but constitute an increasingly important survival strategy of societal unities. It can be anticipated that the most important medical issues in the future will concern the disjunctive efforts of medicine and public health as the respective survival strategies of individuals and societies.
(19 references) AA-M

REFERENCE NUMBER 21
Au: Krantz, David S.; Baum, Andrew; Wideman, Margaret V.
Ti: Assessment of Preferences for Self-Treatment and Information in Health Care
So: Journal of Personality and Social Psychology 39(5):977-990, 1980

This article reports on the development and validation of the Krantz Health Opinion Survey, a measure of preferences for different treatment approaches. This measure yields a total score and two relatively independent subscales that measure, respectively, preferences for information and for behavioral involvement in medical care. Three related studies demonstrated the ability of the subscales o total score to predict with some specificity (a) criterion group membership, (b) reported use of clinic facilities, and (c) overt behavior in a medical setting. Discriminant validity of the instrument is also established. Theoretical implications of the preference constructs are described in terms of the concept of personal control, and practical implications of the measure are presented.
(34 references) AA-M

REFERENCE NUMBER 22
Au: Kuntavanish, Anne A.; Ostrow, Patricia Curran
Ti: The Outcomes of Back Conservation Education:
So: Quality Review Bulletin 6(4):22-26, 1980

As part of a larger multidisciplinary study conducted at an acute care hospital, a three-phase study focussed on an occupational therapy back conservation education program. The third phase of the study used the health accounting approach developed by Williamson to assess the outcome of the back conservation education program. The results of this patient questionnaire survey (N=20) provide an objective assessment of the effects of education on patients' knowledge and behavior and on patient perception of the impact of back conservation on health status.
(10 references) CH-P

REFERENCE NUMBER 23
Au: Lesnikowska, M.
Ti: How Good Health Should be Valued
So: Pielegniarka i Polozna (3):22-23, 1980 (article in Polish)

(0 references)

REFERENCE NUMBER 24
Au: Malinskii, D. M.
Ti: Method of Evaluating the Effectiveness of Dispensary Care
So: Sovetskoe Zdravookhranenie (8):13-17, 1980 (article in Russian, abstract in English)

Methods for determining the index of dispensary care efficacy and for evaluating the correctness of changes in the health status of people under observation are suggested and substantiated. The methods are illustrated with examples.
(19 references) AA

REFERENCE NUMBER 25
Au: Mooney, Gavin H.
Ti: Cost-Benefit Analysis and Medical Ethics
So: Journal of Medical Ethics 6(4):177-179, 1980

The issue of assessing priorities is one that has become the subject of much debate in the National Health Service particularly in the wake of various documents on priorities from central Government. It has become even more so with the prospect of real cuts in expenditure. Economists claim that their science, or perhaps more accurately art can assist in determining not only how best to achieve various ends but also whether and to what extent competing objectives should be pursued. Such choices cannot be made in the absence of some ethical considerations and it is important that health service decision makers (and in particular the medical profession) are aware of the relationship between economics (and especially cost-benefit analysis) and medical ethics.
(10 references) AA

REFERENCE NUMBER 26
Au: National Opinion Research Center (NORC)
Ti: Develop Methodology for Two National Surveys: The NORC Instrument for Assessing Functional Status
So: Chicago, Illinois:National Opinion Research Center, 1981

This report presents the National Opinion Research Council's (NORC) draft instrument for assessing functional status as well as the conceptual and methodological premises that underlie the instrument. The report is organized into several sections. The first section reviews the research purposes that the instrument is designed to serve. Second, the major multidimensional instruments previously used in assessing functional status are reviewed. The third section describes the NORC instrument and the criteria used in constructing it. In the last section, the various components of this instrument are analyzed with particular focus on purpose as well as advantages and disadvantages of specific measures.
(42 references) AA-M

REFERENCE NUMBER 27
Au: Niehoff, J. U.
Ti: Health-Political Aspects in the Evaluation of the State of Health in a Population
So: Zeitschrift fur Aerztliche Fortbildung 74(9):423-428, 1980 (article in German)

(5 references)

REFERENCE NUMBER 28
Au: Nomura, Yutaka; Nakamura, Masahiko
Ti: An Experimental Approach to Medical Decision Problems
So: Computers and Biomedical Research 14(1):1-18, 1981

An attempt was made to develop a model for the formulation of clinical decision-making. The model was constructed in the context of Bayesian statistical decision theory and applied experimentally to clinical problems. The effectiveness of each treatment was measured by the expected gain which was expressed by a linear combination of the expected gains in undesirability and utility for life expectancy. The treatment with the maximum mean expected gain was selected as an optimal treatment from the set of admissible treatments. Satisfactory coincidence between the treatment recommended from the model and that employed effectively in clinical care was verified. In conclusion, utilization of personal probability and utility was found to be useful in clinical decision-making problems.
(11 references) AA-M

REFERENCE NUMBER 29
Au: Notkin, E.L.
Ti: Method for the Complex Assessment of the Health Status of the Population
So: Gigiena I Sanitariia (Moscow) (9):47-49, 1980 (article in Russian)

(5 references)

REFERENCE NUMBER 30
Au: Patrick, Donald L.; Darby, Sarah C.; Green, Stephen; Horton, Geoffrey; Locker, David, et al
Ti: Screening for Disability in the Inner City
So: Journal of Epidemiology and Community Health 35(1):65-70, 1981

A ten percent sample of private households on the electoral register of the London Borough of Lambeth was screened for disabled persons aged 16 and older, using a mail questionnaire. After three mailings and individual follow-up of non-responders, 87 percent of the sample households returned questionnaires; data from 18,740 persons were available for analysis. Disability was defined in the screening questionnaire as functional limitations or activity restrictions consequent upon disease or impairment. The overall point prevalence of disability was estimated at 15.4 percent and the most frequently reported impairments were those of the sense organs, bones, entral nervous, circulatory, and respiratory systems. Men aged 50-64 years and not working, and men in manual occupations and living alone, were more likely to report disability. These findings indicate that some population groups are disabled by functional limitations and activity restrictions not included in official criteria for identification and assessment. These criteria might be broadened, and services planned for those population groups with higher rates of reported disability.
(13 references) AS-M

REFERENCE NUMBER 31
Au: Pauker, Stephen G; McNeil, Barbara J.
Ti: Impact of Patient Preferences on the Selection of Therapy
So: Journal of Chronic Diseases 34(2/3):77-86, 1981

To make an intelligent choice among therapeutic alternatives, physicians must compare the effectiveness of various therapies. Traditional measures of effectiveness, such as the five-year survival rate and the life expectancy, ignore patient preferences. Because patient attitudes can, however have a major impact on the relative worth of therapy, we have adapted the techniques of utility theory to integrate those attributes with objective survival data. The importance of variations in patient attitudes toward survival is illustrated in a typical situation involving the choice between medical and surgical therapy.
(27 references) AA

REFERENCE NUMBER 32
Au: Procci, Warren R.
Ti: A Comparison of Psychosocial Disability in Males Undergoing Maintenance Hemodialysis or Following Cadaver Transplantation
So: General Hospital Psychiatry 2(4):255-261, 1980

Sixteen males undergoing maintenance hemodialysis were evaluated for social disability through the use of the Ruesch Social Disability Rating Scale (DS) and were compared with a group of 16 cadaver renal transplant recipients, matched for age and marital status. All 16 had excellent functioning of their transplanted kidney. In both groups most patients experienced a major degree of social disability, indicating significant interference with life-style. The DS data are corroborated by other clinical indices, such as employment status, financial stability, degree of depression and sexual functioning, which indicated similar degrees of impairment in both groups.
(21 references) AA-M

REFERENCE NUMBER 33
Au: Savastano, Helena
Ti: The Binomial Health-Disease Approach and the Concept of Personality in the Ecosystem: Implications for Public Health
So: Revista de Saude Publica 14(1):137-142, 1980 (article in Portuguese)

The binomial health-diseases comprised in the physical, psycho-biological, socio-economic-cultural and topological ecosystems are defined. This article shows that in public health the problems of health or disease can only be approached as a continuum and by an interdisciplinary team. Four models of personality (psychological traces, psychodynamics, situationism, and interactionism) were related to the binomial and considered as partial aspects of the personality study. Personality was defined as a whole within three basic postulates.
(14 references) AA

REFERENCE NUMBER 34
Au: Sintonen, Harri
Ti: An Approach to Measuring and Valuing Health States
So: Social Science and Medicine 15C:55-65, 1981

An approach to measuring health with respect to a set of 12 dimensions each divided into four or five levels, representing perceived health, physiological and social functioning is suggested. Health states are defined as mutually exclusive combinations of the levels on the dimensions. This classification of health states is disease-independent, quite sensitive and valid in the sense that it reflects the concept of health underlying Finnish health policy, but is likely to be of equal relevance in other societies. In an experiment to elicit empirical values for health states, a non-random sample (N=120) of the general public was used. Based on self-administered questionnaires, two scaling techniques, a magnitude method and a category method, were applied. When judged in the light of the understandability of the questions involved and difficulty in answering them, there was no significant difference in the feasibility between the methods. As to the values the methods produced closely comparable and relatively reliable results. The first experiences gained from this measure of health suggest that the approach is a viable one and worth testing and developing further.
(30 references) AA-M

REFERENCE NUMBER 35
Au: Sloane, Philip D.
Ti: Nursing Home Candidates: Hospital Inpatient Trial to Identify Those Appropriately Assignable to Less Intensive Care
So: Journal of the American Geriatrics Society 28(11):511-514, 1980

This longitudinal prospective study involved 29 elderly patients judged to be in need of nursing home placement but who were without medical indications for admission. They were assessed and treated in a 30-bed ward of a general hospital. The mean length of stay was 19 days. Of the 29 patients, eight benefited from the hospitalization; the outcome was placement and retention at a level of care less intensive than that in a nursing home. On admission, the presence of two of the following three characteristics identified the patients who would benefit from this placement hospitalization: 1) a score of A or B (Katz Scale) for activities of daily living; 2) a score of three or fewer errors on the mental status scale (Pfeiffer); and 3) the presence of family members willing to care for the patient, although unable to do so at the time of admission. These three factors constitute a screening tool to differentiate elderly patients who will benefit most under a regimen of intensive rehabilitation from those who will be inevitable recipients of long-term care.
(7 references) AA-M

REFERENCE NUMBER 36
Au: Staff, Peer H.
Ti: ADL-Assessment
So: Scandinavian Journal of Rehabilitation Medicine (Supplement 7) 153-155, 1980

This article discusses the role of activities of daily living (ADL) assessment in evaluating the functional capacity of the hemiplegic patient. In the early stage of rehabilitation, ADL assessments assist in determining the optional exercise regimen. Later, the assessments provide information about the patients degree of dependance and possibilities for survival outside of hospital.
(6 references) CH-P

REFERENCE NUMBER 37
Au: Taylor, F. Kraupl
Ti: The Concepts of Disease
So: Psychological Medicine 10(3):419-424, 1980

Concepts of disease have often been influenced by mediaeval scholastic doctrines. Today these are best replaced by the premises of modern class logic. One of the basic problems then concerns the universal class of patients. Its solution depends on the answer to the question: What are the distinguishing attributes of this class? Scadding stipulated that these attributes must differ from the norm of a species and be associated with biological disadvantages. This paper argues that these attributes must be abnormal by the standards of a population and/or the norms of an individual, and must be associated with at least one of three criteria: (a) therapeutic concern for himself experienced by a person, (b) such concern for him experienced by his social environment, and (c) medical concern for him. This solution, though based on subjective criteria, seems to tally with the actual practice in diagnosing disease.
(29 references) AA

REFERENCE NUMBER 38
Au: Windley, Paul G.; Scheidt, Rick J.
Ti: The Well-Being of Older Persons in Small Rural Towns: A Town Panel Approach
So: Educational Gerontology 5(4):355-374, 1980

A major interdisciplinary interview study of 990 older residents (65 + years) of 18 small towns (2,500 or less) was conducted to 1) assess the the social and psychological well-being of mental health of these residents, 2) assess their perceptions of 11 ecological/architectural and three psychosocial community-level environmental dimensions, 3) determine the extent to which individual differences in mental health are predicted by these environmental factors, and 4) translate the findings into a set of more practical recommendations for applied professionals. Illustrative, descriptive, and multivariate results of the survey are presented.
(19 references) AA-M

REFERENCE NUMBER 39
Au: Wolber, Greg
Ti: A Practical Approach to the Psychological Evaluation of Elderly Patients
So: Perceptual and Motor Skills 51(2):499-505, 1980

This paper presents a suggested evaluative package developed for use with a psychiatric geriatric population. Presented are four areas of assessment which include the following: 1) psychosocial history, 2) mental status; 3) basic living skills assessment including the use of the Katz activities of daily living scale, and 4) psychological testing. Each suggested component is discussed relevant to a geriatric psychiatric population.
(8 references) AA-M

REFERENCE NUMBER 40
Au: Zeckhauser, Richard
Ti: The Choice of Health Policies with Heterogenous Populations
So: Presented at the National Center for Health Care Technology Research Seminar in Rockville, Maryland, February 6, 1981

To decide whether a given health program should be funded, policy makers must confront both statistical and ethical issues. The statistical question concerns the extent to which the intervention will affect medical costs or actually improve health. If the intervention is aimed at averting deaths, then useful output measures are how much it improves survival, life expectancy, or quality-adjusted life years. These outcomes are usually projected through a statistical model based on reductions in the age- and sex- specific death rates derived from the literature or from expert judgment. This procedure is straight forward in theory, provided the population within a given age and sex category is homogeneous. When populations are heterogeneous with respect to risk, these factors are used as a basis for prediction.
(27 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

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AUTHOR INDEX

(No. refers to the reference number printed before the citation.)

BOOK REVIEWS

Au: Ahmed, Paul I.; Coelho, George V. (editors)
Ti: Toward a New Definiton of Health: Psychosocial Dimensions
So: New York, New York:Plenum Press, 1979

Designed to present a holistic and biosocial perspective on health, this volume examines the diverse and complex psychological and cultural aspects of human behavior in specific illnesses and at specific developmental stages. Contributors from the World Health Organization and specialists in the mental health and behavioral sciences investigate the impact of contemporary social phenomena on health and development. Linking the psychosocial aspects of health and mental health care, this book highlights primary and preventive modes of health planning and examines the appliation of irrelevant Western medical practices to less developed countries. The volume also considers the mechanisms of coping with psychological stress and the prevention of illness through changes in environment and lifestyle, as well as in the incorporation of cultural factors in health-related behavior.

Articulating the concept of health in the whole person as well as "health for all by the year 2000," the exemplary contributions in this volume will stimulate in-depth, critical thinking and a new approach to world health and health care.

Au: Williamson, John W.
Ti: Assessing and Improving Health Care Outcomes: The Health Accounting Approach to Quality Assurance
So: Cambridge, Massachusetts:Ballinger Publishing Company, 1978

This book explores concepts and methods of an outcome approach to quality assurance in ambulatory and hospital care. Its purpose and scope are twofold: it demonstrates the feasibility and potential of using outcomes as the basic assessment measures in quality assurance in the health professions, and it illustrates this approach with the early results of assessment studies of patient care in a variety of care settings over a ten-year period. These studies used health accounting as a comprehensive approach to the assessment and improvement of health care. Health accounting methods were developed and tested by the author in the 1960's and early 1970's and are now being implemented at a growing number of health care facilities.

Most present quality assurance suffers from the restrictions of a narrow group of assessment methods that depend almost entirely on the medical record. Chart reviews and medical audits, however valuable they may be for certain assessment topics, unavoidably omit much of the information needed for quality assurance. What is needed is an approach utilizing a wide range of methods that focus on the critical problems of care, regardless of the availability of recorded data. In most institutions, information that is vital to quality assurance and assessment of care can only be obtained from people, and not from paper sources. Assessing such important factors as provider and consumer values, interests, motivations, or medical coping behavior require methods of inquiry that are rarely amenable to chart review. Even more important is recognition of the fact that the greatest potential

for improvement of health or economic outcomes will probably involve information on issues such as health care organization and financing, interpersonal and institutional relationships, the assumption of responsibility for continuing care, and provider skills in health education, lifestyle counseling and value clarification that can only rarely be abstracted from medical records.

Both the health care establishment and government appear to have recognized these problems and their implications for the future, but despite indications that present quality assurance, continuing education and regulatory efforts are ill suited to bring about substantial change, there is continued reliance on concepts and mechanisms that fail to go to the heart of the problem. The author proposes and documents experience with, a comprehensive prospective approach centering on the measurement and analysis of health care outcomes. Based on the author's criteria for an outcome based quality assurance strategy, practical procedures are developed by means which local providers can establish standards for evaluating the outcomes of care and identify those problems where substantial impact might be achieved by improvement actions.

CONFERENCES

Conference of the Association for Public Policy Analysis and Management
Philadelphia, Pennsylvania 20-22 October 1983

A forum will be held to discuss research on policy analysis and public management. For additional information contact:

Jack Nagel, Chairman
APPAM Arrangements
Fels Center/ B1
University of Pennsylvania
Philadelphia, Pennsylvania 19104

Meeting on Society of Prospective Medicine
Atlanta, Georgia 26-29 October 1983

The theme of this 19th annual meeting is "Meeting the Challenges of the 80's". For additional information contact:

Charlie Althafer
Centers for Disease Control
1600 Clifton Road
Room 3040, Building 1
Atlanta, Georgia 30333

International Congress of Pediatrics
Manila, Phillippine 7-12 November 1983

The theme of this 17th International Congress is "Better Child Health: A Social and Scientific Challenge". For additional information contact:

17th International Congress of Pediatrics
Post Office Box EA 100
Ermita, Manila, Philippines

American Public Health Association
Dallas, Texas 13-17 November 1983

This meeting will explore topics such as:
voting for health in the 1984 elections,
past and future of mental health organizations,
drinking and driving,
implications of the MRFIT results,
acquired immune deficiency syndrome, and
chemical exposures.

For additional information contact:
American Public Health Association
1015 Fifteenth Street, NW
Washington, D.C. 20005

Western Gerontological Society
San Francisco, California 17-18 November 1983

"Aging in America: Perspectives on Health" will be the theme for the Fall Training Conference of the Western Gerontological Society (WGS). This training conference will be held just prior to the opening of the 36th Annual Scientific Meeting of the Gerontological Society of America. Designed for health care professionals and all others in the field of aging, the two-day meeting will focus on health perspectives, ranging from techniques for promoting self-care and treatment modalities for counseling the older adult to policy issues in long term care and comprehensive affordable systems of health care financing. Six tracks of sessions will be offered, including health promotion, health policy, mental health, long term care, clinical issues and Alzheimer's Disease.

The Western Gerontology Society is a nonprofit organization with a national voice in aging policy and practice and a dedication to improving health care and quality of life for older people. For additional information contact:
Conference Division
Western Gerontology Society
833 Market Street, Suite 516
San Francisco, California 94103

World Federation of Public Health
Associations International Congress
Tel-Aviv, Israel 19-24 February 1984

The theme for this IV Congress is "Quest for Community Health: Experiences Primary Care", aims at examining implementation experiences to date. Since the 1978 Declaration of Alma-Ata, much progress has been made by both government health services and non-governmental organizations to increase access to basic systems. In this Congress, we wish to focus on the "lessons learned" during this time.

The Five Sub-themes are:
lessons learned in assessing needs and evaluating services,
lessons learned in organizing, managing and financing programs,
lessons learned in developing human resources,
lessons learned in promoting personal, family and community involvement,
lessons learned in integrating primary care with other services.

The objectives of the Congress are five:
to provide a forum for international, non-governmental collaboration in health,
to exchange experiences in implementing primary health care,
to identify common problems in primary health care delivery and methods effective in given settings for overcoming them,
to disseminate innovative approaches to community health,
to contribute to the goal of "Health for All by the Year 2000" by encouraging programs aimed at that goal and adding to the momentum generated towards its achievement.

For additional information contact:
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WFPHA IV International Congress
Post Office Box 50006
Tel Aviv 61500, Israel

Meeting of the Western Gerontological Society
Anaheim, California 17-21 March 1984

The theme of this 30th annual meeting is "Aging in 1984: The Future is Now" America is today an aging society; it will become moreso tomorrow. For the next 30 years, we will enjoy a period of sustained if undramatic growth in the older population. In the year 2010 there will be an unprecedented increase in the number of older persons as the "baby boomers" age. In less than 30 years, an aging society will be here, whether we have planned for it or not.

The magnitude of the demographic trend challenges our collective ability to redesign public policy far enough in advance to ensure the quality of life for future elders of America. The 30th Annual Conference of the Western Gerontological Society takes as its theme the response to that challenge. For additional information contact:

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BIBLIOGRAPHY on HEALTH INDEXES

BULLETIN BOARD

A Medical Decision Making "List"

Dissemination of information about concepts, principles, analytic methods, and findings in medical decision making studies is an important activity of the Society for Medical Decision Making (SMDM) and its journal, Medical Decision Making.

Some of us in SMDM attend, every year, the stimulating Bayesian Research Conference conducted by Ward Edwards, and we have been more or less faithful contributors to the Bayesian "List" so successfully managed by Sarah Lichtenstein. The List, started in July 1967, has over the years demonstrated its usefulness as a means of disseminating information among those who comply with its ground rules by distributing prepublication drafts, reprints, abstracts, or brief descriptions of future or ongoing research to all other members.

A medical decision making version of the List was initiated by Dennis G. Fryback early in 1980, with an encouraging response from SMDM members. The medical decision making researcher List was revised following the 1980 SMDM meeting in Washington, D.C., and now has about 80 members who are interested in keeping ahead of the journal lag experienced by most manuscripts. A person on the List has agreed to mail to each other person on the List a manuscript, preprint, or list of current reprints available, at least once every two years.

The List is an excellent method of soliciting comments on papers and otherwise keeping up with a targeted group of researchers interested in the same areas of medical decision making. New "joiners" are welcome. If you wish to receive additional information or be included in the medical decision making list, write to:

Dennis G. Fryback, Ph.D.
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Health Education Information

Current Awareness in Health Education (CAHE) is published monthly by the Center for Health Promotion and Education as a dissemination vehicle for the growing body of information about health education. It includes citations and abstracts of current journal articles, monographs, conference proceedings, reports, and nonpublished documents acquired and selected by the Center. CAHE also contains descriptions of programs in health education. These descriptions are prepared from information that is provided by the programs themselves or found in directories, newsletters, and similar sources. To make the information in CAHE timely, only documents published or programs of relevance since 1977 are included.

Copies of eachdocument and supporting documentation for each program description are stored in the Center's permanent collection. Users of CAHE are urged to consult local public, medical, and university libraries for individual copies. Sufficient information is provided in the citations to enable users to locate copies or to contact programs.

All persons receiving CAHE are invited to contribute copies of pertinent documents and descriptions of relevant programs for possible inclusion. The Center also welcomes any comments on CAHE and suggestions to improve its usefulness. Write or call:

Centers for Disease Control
Center for Health Promotion and Education
Attn: Current Awareness in Health Education
Building 14
Atlanta, Georgia 30333
(404) 329-3235
FTS 236-3235

Center For Health Policy Research and Education (CHPRE) Duke University

Duke University has recently created a new Center for Health Policy Research and Education (CHPRE). The Center has a major interest in medical decision making.

CHPRE is a new University-wide Center established to conduct health policy research, perform policy analyses, and coordinate health policy education at Duke. While the Center has a broad interest in all areas of health policy, it will focus on the analysis of medical policies-policies that have a direct effect on the prevention, diagnosis, and management of specific diseases. Areas of special interest include: the analysis of specific medical procedures and practices; development of the theory and methods of medical decision making; and descriptive and normative studies of the decision making process.

For additional information contact:

David M. Eddy, M.D., Ph.D.
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Center for Health Policy Research and Education
Box GM, Duke Station
Durham, North Carolina 27706, USA

Medical Decision Making in Mexico

The Mexican group of the Society for Medical Decision Making, Socieded Mexicana de Analises de Decisiones Medicas, meets regularly in Mexico City. For information about the society and its meetings please write to the chairman:

Dr. Ramon Boom
Sociedad Mexicana de Analises de Decisiones Medicas
C. H. 20 de Noviembre,
Coyoacan, 12, D.F.
Mexico

CLearinghouse Update

This issue, the second since Number 2, 1980, continues the reemergence of the Bibliography on Health Indexes as a regular publication of the National Center for Health Statistics. In the coming months, bibliographies will be disseminated as quickly as the material can be reviewed and compiled so that we can return to our previous quarterly publication schedule. These interim volumes, which will cover more than the usual three months of literature, are being labelled as consecutive issues in 1983. When we are again on schedule, we will use the previous system of publishing four numbers within each calendar year.

As in the past, the Clearinghouse invites you to submit manuscripts, both published and unpublished, for inclusion in the Bibliography.

BIBLIOGRAPHY on HEALTH INDEXES

CLEARINGHOUSE--SCOPE and SERVICES

Why "Indexes"?

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

Why a "Clearinghouse"?

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

What's Included?

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

Specifically, items will be included if they

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

What Services?

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

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

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

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

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

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

How to Use

Everyone interested in receiving the "Bibliography on Health Indexes" regularly is invited to write to the following address to have his or her name placed on the Clearinghouse mailing list.

National Center for Health Statistics
ATTENTION: Mailing Keys
3700 East West Highway
Room 1-57 Center Building
Hyattsville, Maryland 20782

To request searches from the Clearinghouse's on-line literature files, write to Anita L. Powell, Clearinghouse on Health Indexes, OAEP:NCHS, 3700 East West Highway, Room 2-43 Center Building, Hyattsville, Maryland 20782, or telephone (301) 436-7035. For other information on health index research, contact Pennifer Erickson at the same address and telephone number.

Currently the "Bibliography on Health Indexes" as well as the other services are available without charge. The Clearinghouse extends these services to all persons interested in the development or application of health indexes.

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