3233

Seth Foldy, MD; Demetria Montgomery, MD; Robert Williams, MD, MPH; Jim Krieger, MD; TBA

COMMUNITY ORIENTED PRIMARY CARE IN THE AGE OF MANAGED CARE

Community Oriented Primary Care (COPC) has been viewed internationally as a compelling model for integrating primary care medical services with public health programs. Traditionally, the model applied to communities defined by space (e.g., neighborhoods); culture (e.g., latinos); important personal characteristics (e.g. gays and lesbians); or institutional boundries (e.g., school students). In the 1990s, health care for these populations is often fragmented among competing managed care organizations. How does the COPC model adapt to new structures for financing health care, and how can managed care facilitate COPC? The panel includes experts in the application of COPC models around the nation.

IS EMPLOYEE MENTAL HEALTH PROMOTED BY COMMITMENT TO A STRONG IDEOLOGY AND CONFORMITY WITH AN IDEOLOGICAL COMMUNITY?

Catherine A. Heaney and Anna Celeste Burke

Human service workers subscribe, with varying intensity, to ideologies of care. These ideologies of care are systems of beliefs about the importance of particular goals and activities. Conceptual frameworks and exploratory empirical analyses have suggested that a strong commitment to an ideology of care can enhance employee mental health. Data were collected from 2008 employees (response rate = 69%) who worked in 269 group homes providing residential care for the developmentally disabled and severely mentally ill. Results of multivariate analyses suggest that a strong ideological commitment was positively associated with mental health. In addition, being ideologically out-of-synch (e.g., having a weak commitment to an ideology when a large percent of one's group home coworkers reported strong commitments) was negatively associated with mental health. Lastly, a strong ideological commitment buffered the negative effect of role overload on employee mental health.

3234

GENDER DIFFERENCES IN THE MANIFESTATION OF HEALTH: AN ETHNOGRAPHIC STUDY AMONG CHINESE AMERICANS

Xinhua Steve Ren, Ph.D.

This presentation will discuss differences in the manifestation of health (e.g., physical functioning, mental health) among Chinese men and women. Results of the presentation will be based on an ethnographic data from 12 Chinese (6 men and 6 women) taking part in an Intensive Study of Functioning and Well-being in Five Ethnic Communities in Boston. Data collection of this project includes in-depth life stories and qualitative evaluations of well-being and functioning associated with the work, family, neighborhood, and racial relationship. Results show that while Chinese Americans are widely perceived as a model "healthy" population, there is a high prevalence of mental disorder (e.g., stress and depression) among this population, especially among Chinese American women. Further, there exists a gender difference in the discussion of mental health: men are more likely to associate mental status with their work outside the home, whereas women are more likely to link mental health with their role allocations within the family. This presentation will demonstrate these gender differences through ethnographic accounts. Factors which may lead to these gender disparities (e.g., family, process of acculturation) and implications for future quantitative research will also be discussed.

Association of Perceived Workplace Conditions with Anxiety and Depression in an Investigation of Sick Building Syndrome

Toni Alterman, Joseph J. Hurrell, Daniel Almaguer, David K. Wall, Martin R. Petersen, Leo M. Blade, Ann M. Krake

Several studies have suggested that psychological factors may play a large role in workers' reports of symptoms associated with Sick Building Syndrome (SBS). The current study examines the role of perceived environmental conditions, SBS symptoms, job characteristics, and psychosocial factors on symptoms of anxiety and depression in workers who process motor vehicle records. The investigation by NIOSH included a self-administered questionnaire survey of 197 workers (97% participation rate) and an industrial hygiene survey. The questionnaire included items regarding workplace conditions, somatic symptoms, work organization, psychosocial, and psychological factors. Psychological questions included items from the Center for Epidemiologic Studies Depression Scale (CESD), and the anxiety subscale of the General Health Questionnaire (GHQ). Logistic regression models showed that age (OR=3.01-4.93, relative to <30 years old), too little air movement (OR=3.83; 95% CI=1.81-8.10), frequent use of a laser printer (OR=5.93; 95% CI=1.64-21.45), workload (OR=1.13; 95% CI=1.01-1.27), and role ambiguity (OR=1.11; 95% CI=1.01-1.27) were associated with symptoms of anxiety. Workload (OR=1.15; 95% CI=1.02-1.29) and role ambiguity (OR=1.12; 95% CI=1.02-1.23) were associated with depressive symptoms. Due to the cross-sectional nature of the study, generalizability of results may be limited. Results show that workload and role ambiguity may contribute to feelings of anxiety and depression among workers reporting SBS.

TRADEOFFS AMONG PHYSICAL, MENTAL, AND SOCIAL HEALTH STATES ON WELL-BEING

Clairice T. Veit

Studies concerned with measuring values and preferences for health states and health status components have typically employed traditional "direct" scaling techniques that are characterized by an absence of factorial combinations of variables and tests of theories. These procedures have often yielded different "scales" of and preferences for the same health states by the same respondents. Modern measurement techniques emphasize the use of experimental designs to test algebraic judgment theories that explain how people value and process information. Scale values associated with stimulus information are theoretically based; they are derived from a model that has passed its validity tests. Thus, in this framework, it is possible to use unreliable responses to get at the more stable underlying subjective scale values via the judgment theory. In the present research, university students judged their overall feelings of well-being that would result from a health state described by three health components: Physical (level of functional limitation), Mental (level of happiness or depression), and Social (the number of friends or family members to help you in time of need). The object of the research was to determine the subjective trade-offs and any individual differences in importance among these three components. A configural-weight model accounted for systematic interactions found in the judgment data: when one component was at a low level (e.g., poor physical health), the other components made less of a difference in overall well-being estimates. Results also indicated an agreement across respondents in scale values associated with the levels of the physical, mental, and social health states, but disagreement in the weights placed on these three dimensions. The configural-weight model indicated that a greater weight was placed on the mental-health component by respondents who rated mental health to be most important, and a greater weight on the physical health component by those who rated physical or social health to be most important.

A COLLABORATIVE MODEL FOR MARKETING PUBLIC HEALTH

Barbara Olson, Gordon Jensen, Douglas Hirano, Merrill Krenitz, Brad Christensen, Pat Knutesen, Cecilia Cohen, Sarah Kraner, Rosemary Lopez Meder, Charlotte Armbruster, Marsha Christian

The health care reform debate of 1994 focused the nation's attention on the health care system; however, lost in this debate was the importance of adequate public health services to complement increased access to health care. The Arizona Department of Health Services and the Arizona Public Health Association, with ASTHO support, conducted a campaign to improve the awareness and appreciation of public health services. A tri-fold flyer, "Public Health Keeps Us Safe and Well in Arizona" was developed for distribution to the general public. In addition, a more comprehensive brochure was developed specifically for policymakers and attempted to better define and describe publichealth activities. Photographs from county health departments were utilized to provide a local flavor and underscore the importance of local health department activities. In addition, a conference entitled "Dollars and Sense: Partnering for a Healthy Future," was held in January 1995. Over 150 persons from diverse backgrounds attended the conference, which was used both to showcase public health activities and to discuss potential partnerships between public health and managed care. All participants completing a conference evaluation (n=85) claimed a willingness to further discuss collaborative activities. Roundtable discussions within the conference were utilized to develop partnering approaches to improving population health status. A follow-up meeting with conference attendees is planned to develop specific strategies to integrate managed care and public health services.

ARE SELF REPORTED SYMPTOMS OF ANXIETY AND DEPRESSION ASSOCIATED WITH PHYSICIAN REPORTED HYPERTENSION? LONGITUDINAL EVIDENCE FROM THE NHANES I EPIDEMIOLOGIC FOLLOWUP STUDY

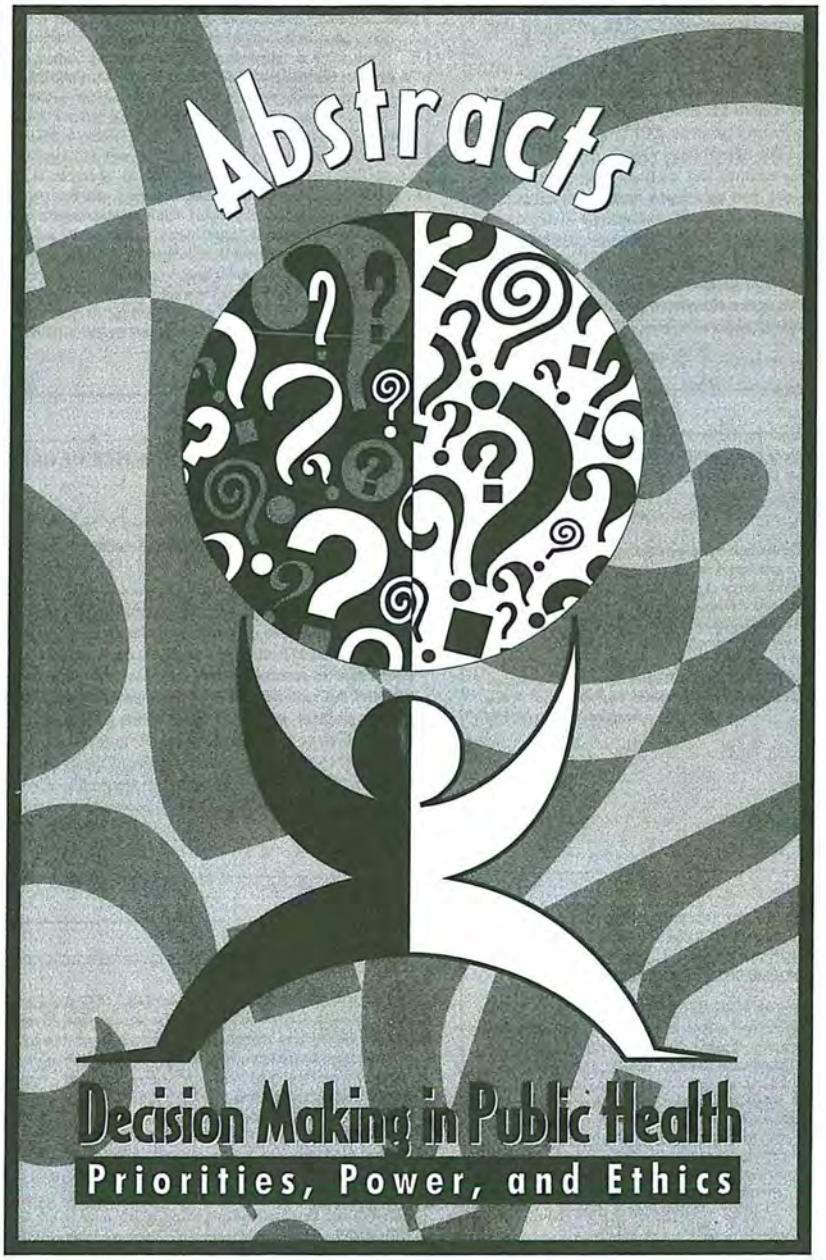
Bruce S. Jonas Ph.D., Deborah D. Ingram Ph.D.

The incident risks for hypertension associated with symptoms of anxiety and depression were analyzed using data from the NHANES I Epidemiologic Followup Study (NHEFS). A study sample of 2994 white and black persons aged 25-64 years who were normotensive at the time of the NHANES I baseline examination (1971-75) was tracked through three follow-up waves of the NHEFS conducted in 1982-84, 1986 and 1987. The anxiety and depression scales of the General Well-Being Schedule were used to assess symptomatology at baseline. Incident hypertension cases were identified as those persons who reported at one of the three follow-up interviews that their physician had told them that they had hypertension or high blood pressure. After adjusting for demographic and health-risk variables, the incident risk of physician reported hypertension was significantly higher for more severe levels of anxiety and depression.

MANAGED MENTAL HEALTH CARE FIRMS: WILL THEY BECOME THE FUTURE?

Lucille Canter Kihlstrom, MSW, MBA.

There is a growing trend for employers to "carve out" mental health services and delegate responsibility for service provision to managed mental health care firms. However, the characteristics of these firms, and the effectiveness with which they actually control utilization and costs, and provide service, has not been examined. This research, for the first time, examines 115 managed mental health care firms surveyed between 1990 and 1993. The average firm nearly doubled in size, serving over 758,000 clients in 29 states, and contracting with over 1,750 professionals. However, the number of services remained constant. Larger firms offered more health promotion and utilization review services, but did not differ from smaller firms in terms of the number of assessment/treatment services. There were no regional differences. Managed mental health care obviously affects provider decision-making; it may also affect both the likelihood that individuals will seek needed services and their satisfaction with the services they receive. Further research on managed mental health care firms is critical because, if they succeed with employed groups, they may also shape the organization of mental health services provided to clients in the public mental health system, including the severely mentally ill.



American Public Health Association

123rd Annual Meeting & Exhibition

October 29-November 2, 1995

San Diego Convention Center

San Diego, CA