

# **Clearinghouse on Health Indexes**

**Cumulated Annotations  
1975**

U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Health Resources Administration

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HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Health Resources Administration  
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## CONTENTS

INTRODUCTION . . . . .	1
HEALTH INDEX DEFINED . . . . .	1
SUBJECTS COVERED . . . . .	1
CLASSIFICATION . . . . .	2
SCOPE OF DOCUMENT COLLECTION . . . . .	3
FORMAT . . . . .	3
SOURCES OF INFORMATION . . . . .	5
CURRENT CONTENTS . . . . .	5
INDEX MEDICUS SUBJECT HEADINGS . . . . .	5
RECENT PUBLICATIONS—ENGLISH . . . . .	7
DEVELOPMENT—CONCEPTUAL . . . . .	7
DEVELOPMENT—EMPIRICAL . . . . .	10
APPLICATIONS . . . . .	18
POLICY REVIEW . . . . .	20
CURRENT RESEARCH—ENGLISH . . . . .	23
DEVELOPMENT—CONCEPTUAL . . . . .	23
DEVELOPMENT—EMPIRICAL . . . . .	24
APPLICATIONS . . . . .	29
POLICY REVIEW . . . . .	29
RECENT PUBLICATIONS—NON-ENGLISH . . . . .	33
AUTHOR INDEX . . . . .	39
OTHER CLEARINGHOUSE SERVICES . . . . .	43
HOW TO USE . . . . .	43

## **INTRODUCTION**

Each year the Clearinghouse on Health Indexes disseminates four annotated bibliographies of recently acquired documents on the topic of developing composite measures of health status. The material in these bibliographies is categorized as to the source of the document, whether published or research in progress. However, to assure that this information is disseminated on a timely basis, these bibliographies are issued without either a subject or author index. Also to assure timeliness, these compilations are prepared in an informal format.

Current plans are to cumulate these informal issues into a formal volume for annual distribution. The purpose of this cumulative volume is to provide health status researchers with a reference guide to the literature, both published and unpublished, which appeared during the preceding year. To enhance its use as a reference tool, articles have been classified according to their major emphasis and an author index has been added. This is the second cumulation of the Clearinghouse bibliographies and includes material identified in 1975.

### **Health Index Defined**

In providing information to assist in the development of composite health measures, the Clearinghouse on Health Indexes 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.

### **Subjects Covered**

Implicit in the above definition is the measurement of health as opposed to disease. Much less is known about the positive aspects of well-being; and, what is known is generally more easily expressed qualitatively rather than quantitatively. According to the current state of the art, statistical methodologies coupled with measurement techniques of other disciplines within the social sciences will yield valid and reliable quantitative definitions of health.

Thus, this cumulated bibliography is, for the most part, comprised of literature which addresses the technical questions related to the

concepts and definitions of health status. Within this, the documents deal with specific topics such as defining the parameters for the state of health; deriving appropriate transitional probabilities for moving from one state to another; determining whether or not individuals have preference for a given health condition; and, if so, assigning an appropriate value to the preference.

As the methodologies become more clearly understood, the number of available health status measures with known validity and reliability will increase. This will be reflected in an increase in the number of applications appearing in the literature, both published and unpublished. Composite health status measures can be used to describe the health status of a given group; to compare the health status of two or more groups and to evaluate the outcomes of a health care delivery system.

Two other topics of interest to persons developing a composite health status measure are health policy and the state of the art. The latter is probably more informative to the researcher about to develop a health status measure. However, policy statements within the health field are likely to be of general interest. This bibliography also includes reference to a few measures which the authors have termed health index but which fall outside the Clearinghouse definition as stated above.

## Classification

The categories used in the informal issues have been maintained. However, within the two major headings, Recent Publications and Current Research, the annotations have been organized according to the document's major focus. The following four category headings are used: Development—Conceptual; Development—Empirical; Applications; and, Policy Review. Each term, as well as its use in this cumulative, annotated bibliography is described below.

Articles are referenced under the subheading "Development—Conceptual" if they discuss the theory of measuring health. These documents are expository in nature and contain little, if any, numerical information.

The second category, "Development—Empirical" consists of material which purports to evaluate a health model in terms of its validity, reliability or other measurement properties. Also included in this category are documents which deal with methodological considerations such as the construction of data collection tools specific to the measurement of health status. These articles generally report the findings of the pilot projects.

The "Applications" category references documents which use composite measures for assessing health status of a given group. The index may be used for the purpose of evaluation or allocation of resources.

Lastly, the "Policy Review" category covers articles which review the state of the art of health index construction or which discuss policy areas of concern to health index developers.

## **Scope of Document Collection**

Documents cited in the Clearinghouse bibliographies focus on the conceptual and methodological aspects of developing and/or applying composite measures of health status. Sources of information 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 systematically searches current literature and indexes of literature to maintain an up-to-date file of documents.

## **Format**

Bibliographic citations will be given in the standard form: author, title, and source. In the case of multiple authors, as many as five authors will be listed; the sixth and additional authors will be identified by et.al.

Printed immediately following the abstract are the number of references used in the preparation of the document and the source of the annotation. 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 prepared abstract (CH-P with the initial following the dash indicating the individual responsible for the abstract).

The number following the abstractors designation identifies the document. This number indicates the position of this abstract within the cumulated bibliography. This abstract number appears opposite the author's name in the Author Index.

# **SOURCES of INFORMATION**

*(January-December 1975)*

## **Current Contents:Social and Behavioral Sciences**

Volume 7 numbers 1-52 total issues

## **Index Medicus Subject Headings**

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

*The following journals, in addition to Current Contents and Index Medicus, were searched for information on health indexes.*

American Journal of Economics and Sociology  
American Journal of Sociology  
Annals of Economics and Social Measurement  
Behavioral Science  
Inquiry (Chicago)  
International Journal of Health Services  
Journal of Chronic Diseases  
Journal of School Health  
Journal of Social Issues  
Medical Care Review  
Milbank Memorial Fund Quarterly  
Perspectives in Biology and Medicine  
Population Studies  
Preventive Medicine

**Social Forces**  
**Social Science Research**  
**Social Service Review**  
**Society**  
**Socio-Economic Planning Sciences**  
**Sociological Quarterly**  
**Technology Review**  
**Theoretical Population Biology**  
**U.N. Chronicle**  
**W.H.O. Chronicle**  
**W.H.O. Public Health Papers 56-61**  
**W.H.O. Technical Reports 545-575**

## **RECENT PUBLICATIONS—ENGLISH**

### **Development—Conceptual**

**Bloch, Doris**

*Evaluation of Nursing Care in Terms of Process and Outcome: Issues in Research and Quality Assurance*

NURSING RESEARCH 24(4):256-263, 1975

Approaches to patient care evaluation are placed in perspective and organized into a framework which clarifies the need for working toward process-outcome evaluation. The author recommends a central information center to assist nursing groups develop outcome measures.

(38 references) AA-M CHI-1(1975)

**Callahan, Daniel**

*The WHO Definition of "Health"*

HASTINGS CENTER STUDIES 1(3):77-88, 1973

The author discusses the World Health Organization (WHO) definition of health in terms of its historical background, and frequently expressed criticisms. An alternative definition which overcomes some of these objections is proposed.

(0 references) CH-P CHI-2(1975)

**D'Agostino, Ralph B.**

*Social Indicators: A Statistician's View*

SOCIAL INDICATORS RESEARCH 1(4):459-484, 1975

The problem areas of social indicator research of concern to the statistician and in which he can prove helpful are considered. Also, the author discusses why in social indicator research the secular trends, cyclical movements, seasonal variations and irregular fluctuations must be taken into account. Techniques are discussed for relating lead indicators in one time period to coincident indicators in another period. A select bibliography in canonical correlation, forecasting, indicators and index numbers and other tools useful for index data is presented.

(84 references) AA-M CHI-3(1975)

**Elinson, Jack**

*Toward Sociomedical Health Indicators*

SOCIAL INDICATORS RESEARCH 1(1):59-71, 1974

The various forms of mortality and morbidity data have become inadequate measures of level of health in economically developed countries. Measures of functional physical capacity have some advantages but do not reflect physical impairment. Current attempts to develop sociomedical health indicators include: measures of social disability; typologies of presenting symptoms; etc. Sociomedical indicators reflect both objective conditions and social values and are policy-oriented.

(46 references) AA-M CHI-4(1975)

**Hoyman, Howard S.**

*Rethinking an Ecologic-System Model of Man's Health, Disease, Aging, Death*

JOURNAL OF SCHOOL HEALTH 45(9):509-518, 1975

The basic dimensions of health are physical fitness, mental health, social well-being and spiritual health. Heredity, environment, experience and self are the interacting determinants of health and disease. These concepts are identified and discussed in terms of the model.

(25 references) CH-P CHI-5(1975)

**Jago, John D.**

*"Hal"—Old Word, New Task: Reflections on the Words "Health" and "Medical"*

SOCIAL SCIENCE AND MEDICINE 9(1):1-6, 1975

The meanings of basic words such as "health", "disease", "medicine" and "medical" are discussed. The words "health" and "medical" mean quite different things. They cannot be used interchangeably, as they often are. The attractiveness of "health" lies in its shortness and sense of comprehensiveness. However, it is a noun; a new adjective for "health" is needed. The author offers the word "hal" and explains why it should come into common use.

(23 references) AA-M CHI-6(1975)

**Linn, Margaret W.; Linn, Bernard S.**

*Narrowing the Gap between Medical and Mental Health Evaluation*

MEDICAL CARE 13(7):607-614, 1975

Mental health research has focussed more on outcome studies that include a multidimensional approach to evaluation. Techniques have been devised that make the evaluative process patient specific and goal oriented. Borrowing some of these methods to make medical care evaluation include a problem-oriented outcome, which incorporates patient satisfaction, compliance with medical therapy, and relief of symptoms, could lead to more accurate data on the health delivery system.

(23 references) AA-M CHI-7(1975)

**Recio, Delores M.**

*A United Concept of Health and Illness*

ANPHI PAPERS 9(1-2):22-26, 1974

The unified concept of health and illness is based on the model that man as a biopsychosociocultural being has a pathogenic propensity influenced and affected by the physical environment and social system. His response to these influences is determined to a large degree by genic-developmental mechanisms. The tendency is towards an equilibrium whether in health or illness which is based on adjustment, adaptation and homeostasis.

(14 references) AS-M CHI-8(1975)

**Seal, S. C.**

*Health and Disease (Abridged)*

INDIAN JOURNAL OF PUBLIC HEALTH 17(4):126-130, 1973

The author defines health, disease and public health and briefly reviews the germ theory. Also, a health grid with health on one axis and the environment on the other, is presented. The result is a table comprised of the following 4 quadrants: High level of health; substandard health; good health; and, poor health. The author feels that this should lead to the understanding of comprehensive medicine; this has implications for the future view of medicine toward man.

(0 references) CH-P CHI-9(1975)

**Steinfels, Peter**

*The Concept of Health: An Introduction*

HASTINGS CENTER STUDIES 1(3):3-6, 1973

This issue of Hastings Center Studies, volume 1, number 3, is devoted to the definition of health. Rather than representing a systematic effort to define health, the articles discuss the topics which any attempt at definition must face. Steinfels presents the opening comments.

(4 references) CH-P CHI-10(1975)

**Terris, Milton**

*Approaches to an Epidemiology of Health*

AMERICAN JOURNAL OF PUBLIC HEALTH 65(10):1037-1045, 1975

A new definition of health within the World Health Organization framework and the relationship of this concept to disease and illness is presented. Various approaches to epidemiological studies of health are discussed.

(21 references) AA-M CHI-11(1975)

**Williams, Alan**

*The Cost-Benefit Approach*

BRITISH MEDICAL BULLETIN 30(3):252-256, 1974

The use of cost benefit analysis in the consideration of priorities for health planning is discussed. Indicators of social functioning are identified as the key to benefit measures; these can be incorporated into an index of health for comparative and/or evaluative studies. The author indicates that there is more to the cost-benefit approach than generalized advantages and disadvantages. Rather, if health services planning is to be based on knowledgeable decisions, then the cost-benefit approach must become a part of every decision maker's intellectual equipment.

(10 references) CH-P CHI-12(1975)

## **Development—Empirical**

**Beiser, Morton**

*Components and Correlates of Mental Well-Being*

JOURNAL OF HEALTH AND SOCIAL BEHAVIOR 15(4):320-327, 1974

The feeling state of well-being is probably the reflection of a complex interaction among psychological processes. Evidence based on panel interviewing of 112 residents of Stirling County, Canada, is presented that at least 3 affects may take part in this process: negative affect; positive sense of involvement; and, long-term satisfaction. Different patterns of associations are demonstrated; these show the heuristic value in attempting to conceptualize and measure the dimensions of psychological well-being.

(20 references) AA-M CHI-13(1975)

**Belloc, Nedra B.**

*Relationship of Health Practices and Mortality*

PREVENTIVE MEDICINE 2(1):67-81, 1973

This paper explores the relationship of a number of personal health practices and mortality in the 5 1/2 years after a survey made in Alameda County, California in 1965. 6928 persons participated in the 1965 survey. The individual health practices, smoking, weight in relation to desireable standards for height, drinking, hours of sleep, regularity of meals, and physical activity were related to mortality in the expected direction.

(31 references) AA-M CHI-14(1975)

**Burton, Richard M.; Damon, William W.; Dellinger, David C.**

*Patient States and the Technology Matrix*

INTERFACES 5(4):43-53, 1975

This paper describes the procedure used to estimate transition probabilities from a combination of expert judgment and empirical evidence using a Bayesian model. The matrix of transition probabilities represents the Markovian process by which changes in patient states occur in the target population subsequent to receiving a specified treatment. The data collection process and limitations of data are outlined and the Bayesian procedure developed. Results from the Duke University Center for the Study of the Aging are used to illustrate the procedure.

(6 references) AA-M CHI-15(1975)

**Bush, Mary T.; Ullom, Jean A.; Osborne, Oliver H.**

*The Meaning of Mental Health: A Report of Two Ethnoscientific Studies*

NURSING RESEARCH 24(2):130-137, 1975

The use of the ethnoscientific method is demonstrated in an initial study and a replication of the initial study. The domain of "mental health" was explored, analyzed and contrasted within the subculture of the central city resident and that of the psychiatric-mental health professional. To facilitate an understanding of ethnoscience, the method is briefly outlined and an illustration given. A summary of the major similarities and contrasts that emerged from the data is presented.

(10 references) AA-M CHI-16(1975)

**Chen, Martin K.**

*Two Forms of an Equity Index for Health Resource Allocation to Minority Groups*

INQUIRY(CHICAGO) 13(3):228-232, 1976

This paper takes a critical look at the G-index, an index of equity of health services to disadvantaged groups and/or nations for pur-

poses of allocating health resources on a rational basis. Two forms of a revised index are presented. Examples with real data for two groups of ICDA coded diseases are given to illustrate the ease of computation and interpretation.

(7 references) AA-M CHI-17(1975)

**Chen, Martin K.**

*"Alternative Estimations of Population Health Status:" Further Comments and a Suggestion*

INQUIRY (CHICAGO) 12(4):354-358, 1975

This paper critiques two alternative health status models presented by Scheffler and Lipscomb in Inquiry (Chicago) 11(3):220-228, 1974. It is pointed out that the models are beset with such conceptual, logical and methodological difficulties as to make the indices uninterpretable. A new index is suggested to overcome the difficulties discussed.

(1 reference) AA CHI-18(1975)

**Chen, Martin K.**

*Aggregated Physiological Measures of Individual and Group Health Status*

INTERNATIONAL JOURNAL OF EPIDEMIOLOGY 4(2):87-92, 1975

Two health status indices applicable to individuals and groups are presented for research and health program evaluation purposes. Both indices are functions of distances from cultural or group norms of the healthy state on a number of physiological dimensions that are theoretically or empirically related to health. Ways of deriving group norms are briefly discussed.

(7 references) AA CHI-19(1975)

**Damiani, Paul; Aubenque, Maurice**

*Model of Transition between Cause of Death*

INTERNATIONAL JOURNAL OF EPIDEMIOLOGY 4(2):113-118, 1975

This paper describes an attempt to estimate the probabilities of transition between various major causes of death during the period 1954-1962. The model assumes that there is a linear regression between the death rate from a given cause (j) over the given year (t1) and the death rates from all causes over a preceding year (t0). The regression coefficients have been estimated from French "departemente" death rates for 10 main causes of death, assessed by sex for the 45-64 year age group.

(2 references) AA-M CHI-20(1975)

**Davies, Dean F.**

*Progress Toward the Assessment of Health Status*

PREVENTIVE MEDICINE 4(4):282-295, 1975

The distinction between medical care and health care is sharpened by a description of 5 features of current health status. Prognostic assessment based on known risk factors provides a second dimension of health. Together these features make up a health status profile. The Preventive Medicine Center of the University of Tennessee has been evolving computer assisted health status profiles that are problem oriented, urgency oriented, disease clustered and interpretation programmed.

(10 references) AA-M CHI-21(1975)

**Einhorn, Hillel J.; Hogarth, Robin M.**

*Unit Weighting Schemes for Decision Making*

ORGANIZATIONAL BEHAVIOR AND HUMAN PERFORMANCE 13(2): 171-192, 1975

The general problem of forming composite variables from components is prevalent in many types of research. A major aspect of this problem is the weighting of components. Assuming that composites are a linear function of their components, composites formed by using standard linear regression are compared to those formed by simple unit weighting schemes. The predictive ability of the 2 methods is compared. Various implications for using unit weighting are discussed and applications to several decision making situations are illustrated.

(references unknown) AA-M CHI-22(1975)

**Fanshel, Sol**

*The Welfare of the Elderly: A Systems Analysis Viewpoint*

POLICY SCIENCES 6:343-357, 1975

A methodology is offered to analyse for policy purposes the services offered to the elderly. To measure the "benefit" to the elderly, a scale is devised, consisting of a set of states describing the degree of dependency of the elderly. This ordinal scale is converted to a cardinal scale by assigning weights to the states, these weights being an expression of the social-value judgments of the administrators. The change in weights over time, induced by the intervention of services, is the benefit of the services. Mathematical techniques are described.

(13 references) AA-M CHI-23(1975)

**Farcas, M.; Jelezov, G.; Botez, M.; Later, I.**

*An Aleatory Model of an Individual's State of Health*

This paper presents a mathematical formulation of a series of aspects with regard to the evolution an individual's state of health. This evolution can be represented by a vector, the elements are parameters of the state of health, considered as random variables. This model uses Gaussian processes. The methods of the theory of decision may point out a scientific policy of observation and repartition aiming at improving the population's state of health.

(15 references) CH-P CHI-24(1975)

**Giacalone, Joseph J.; Hudson, James I.**

*A Health Status Assessment System for a Rural Navajo Population*

MEDICAL CARE 13(9):722-735, 1975

This paper presents a format for assessing the health status of rural Navajo population as a method for determining community health needs. Ambulatory patients are classified according to discrete health status categories which are defined in terms of specific clinical criteria. Patients are monitored on a quarterly basis. Data review allows for continuous reassessment of community needs and provides a technique for monitoring the effectiveness of the health care delivery system in meeting these needs. An analysis of the first year's operation is presented.

(7 references) AA-M CHI-25(1975)

**Gonnella, Joseph S.; Goran, Michael J.**

*Quality of Patient Care—A Measurement of Change: The Staging Concept*

MEDICAL CARE 13(6):467-473, 1975

A method that can be used to classify the severity of health problems and measure change in health status is described. The "staging" concept provides a system which classifies patients with similar medical conditions into clusters useful for patient care evaluation. The method defines different levels of severity. Examples of the method are given and the value of the approach is described for the evaluation of the hospitalized and ambulatory patient.

(10 references) AA-M CHI-26(1975)

**Grauer, H.; Birnbom, F.**

*A Geriatric Functional Rating Scale to Determine the Need for Institutional Care*

JOURNAL OF THE AMERICAN GERIATRIC SOCIETY 23(10):472-476, 1975

This study was conducted to validate a rating scale which assesses the subject's physical and mental disability, balanced against his ability to function and the support available from relatives and community resources. Cut-off points were tested by using an 18-month follow-up interval; 130 persons from 3 different settings were rated. The rating scale can be used not only to decide the need for institutionalization, but also to help determine the type of institutional care, if necessary.

(7 references) AA-M CHI-27(1975)

**Gustafson, David H.; Holloway, Donald C.**

*A Decision Theory Approach to Measuring Severity in Illness*

HEALTH SERVICES RESEARCH 10(1):97-106, 1975

The purpose of this study was to evaluate the applicability of a multiattribute utility model for measuring the severity of a patient's illness. The model's estimates were compared with survival rates of more than 6,000 actual patients and with physicians's rankings of hypothetical patients. Although continued validation is needed, the multiattribute utility model appears to have potential as an index for illness severity and possibly, health status. This could aid in health service decision-making without requiring massive data collection efforts.

(15 references) AA-M CHI-28(1975)

**Halstead, Lauro; Hartley, Ronald B.**

*Time Care Profile: An Evaluation of a New Method of Assessing ADL Dependence*

ARCHIVES OF PHYSICAL AND MEDICAL REHABILITATION 56(3): 110-115, 1975

This paper describes a new approach to activities of daily living (ADL) evaluation which utilizes a diary method to record the amount of time the patient receives assistance during the course of a normal day as an index of dependency. Frequency measurements in a diary format appear to represent a feasible and useful method for quantifying and evaluating patient performance in nontest situations.

(8 references) AA-M CHI-29(1975)

**Hobson, Richard; Mann, Stuart H.**

*A Social Indicator Based on Time Allocation*

SOCIAL INDICATORS RESEARCH 1(4):439-457, 1975

The authors have developed a social indicator called Lambda, that has as its base the manner in which individuals allocate their time among various life activities. Lambda is a weighted sum indicator

with both subjective and objective aspects. The properties of this measure are discussed in detail. Results of a pilot study, N=1012, show a high correlation between Lambda and another social indicator. This methodology may provide a framework for measuring health status.

(33 references) AA-M CHI-30(1975)

**Luborsky, Lester; Bachrach, Henry**

*Factors Influencing Clinician's Judgments of Mental Health*

ARCHIVES OF GENERAL PSYCHIATRY 31(3):292-299, 1974

Reliability studies using the Health-Sickness Rating Scale (HSRS) show that clinicians can agree in judging mental health. The HSRS is a 100 point scale on which a person's condition can be ranked from an ideal state to one which if left unattended would result in the patient's death. This global rating represents a reconciliation of 7 separate dimensions. The HSRS, which was first published in 1962, has been used in 18 studies; some experiences are discussed.

(24 references) CH-P CHI-31(1975)

**Reynolds, W. Jeff; Rushing, William A.; Miles, David L.**

*The Validation of a Function Status Index*

JOURNAL OF HEALTH AND SOCIAL BEHAVIOR 15(4):271-288, 1974

The Function Status Index, relevant to theoretical frameworks that view health in terms of its social and cultural variables, is used to measure health status. Activity, mobility and movement are measured objectively by an interview schedule administered to 2,629 persons in 2 Northern Alabama counties. Content, criterion and construct validity are assessed. The index can be used to test the hypothesis about social functioning and to evaluate the effectiveness of different health-care delivery systems.

(23 references) AA-M CHI-32(1975)

**Scheffler, Richard M.; Lipscomb, Joseph**

*Reply to Torrance's Comment on "Alternative Estimations of Population Health Status"*

INQUIRY (CHICAGO) 12(1):73-77, 1975

The authors respond in depth to the 3 conceptual issues raised by Torrance: 1) the inclusion of death as 1 of the health states; 2) the definition of health states along a continuum; and, 3) the aggregation of the monetary and utility indexes. The computational errors noted by Torrance are also discussed.

(7 references) CH-P CHI-33(1975)

**Scheffler, Richard M.; Lipscomb, Joseph**

*Reply to Martin K. Chen*

**INQUIRY(CHICAGO) 12(4):354-358, 1975**

In responding to Chen's comments on their paper "Alternative Estimations of Population Health Status: An Empirical Example," (Inquiry (Chicago) 11(3):220-228, 1974), the authors focus on the following points: 1) the double accounting problem; 2) use of preference weights; 3) aggregation of disease specific data; and, 4) Chen's proposed M and F indexes.

(7 references) CH-P CHI-34(1975)

**Statistical Office: Department of Economic and Social Affairs**

*Towards a System of Social and Demographic Statistics*

**NEW YORK:UNITED NATIONS, STUDIES IN METHODS SERIES F NUMBER 18, 1975 (UNITED NATIONS PUBLICATION, SALES NUMBER E.74.XVII.8 PRICE \$U.S. 9.00 OR EQUIVALENT IN OTHER CURRENCIES)**

The purpose of this system is to show what data are desireable on humans, both individually and in groups, and on institutions with which they are connected and how these data should be organized in order to provide an information system which will be useful for description, analysis and policy making in different fields of social life. Health and health services are components of the system. This publication is a technical progress report on the design of the system, its scope definitions and examples of social reporting and analytical methods.

(293 references) CH-P CHI-35(1975)

**Stewart, Anita; Ware, John E.; Johnston, Shawn**

*Construction of Scales Measuring Health and Health Related Concepts from the Dayton Medical History Questionnaire*

**SANTA MONICA, CALIFORNIA:THE RAND CORPORATION, 1975**

Preliminary steps in developing measures of health, attitudes toward health care, health-related behavior and life changes are outlined. Questionnaires were administered to 835 persons in Dayton, Ohio, the first study site of the Health Insurance Study (Rand Corporation). Mental health, physical disabilities, physical health perceptions and chronic functional limitations due to health are some of the scales developed. Criteria inherent in factor analytic, Likert and Guttman techniques of scale construction were used. Results are presented.

(23 references) AA-M CHI-36(1975)

**Tornstam, Lars**

*Health and Self-Perception: A Systems Theoretical Approach*

GERONTOLOGIST 15(3):264-270, 1975

This paper examines the relationship between health and attitudes or self perceptions. Four types of variables are considered: 1) objective health status; 2) subjective health status; 3) health aspiration levels; and, 4) self perceptions. These variables have been measured in a random sample of 469 persons aged 45-75 years, living independently in a Swedish town. Path analysis is used to analyze the data; results are presented.

(11 references) CH-P CHI-37(1975)

**Torrance, George W.**

*A Comment on "Alternative Estimations of Population Health Status"*

INQUIRY (CHICAGO) 12(1):70-72, 1975

The Scheffler and Lipscomb proposal of 2 alternative formulations of a health status index (Inquiry (Chicago) 11(3):220-228), contains a number of deficiencies. Two minor computational errors could be rectified, but the conceptual shortcomings are more serious. Model 1 requires more finely specified health states, while Model 2 is of questionable value to a decision-maker. Finally, both models measure, not the health status of a population, but rather the health status of those members of a population still alive.

(8 references) AS-M CHI-38(1975)

**Vertinsky, I.; Wong, E.**

*Eliciting Preferences and the Construction of Indifference Maps: A Comparative Empirical Evaluation of Two Measurement Methodologies*

SOCIO-ECONOMIC PLANNING SCIENCES 9(1):15-24, 1975

The paper reports results of experiments (N=23) conducted to evaluate 2 methods of preference measurement: 1) the method of eliciting certainty equivalents to gambles; and 2) the dominance method. Test-retest consistency and linearity of tradeoffs were among the 5 attributes used for method comparison. The study also investigated the associations between method reliability and several behavioural and experimental factors.

(10 references) AA-M CHI-39(1975)

## **Applications**

**Chen, Martin K.; Bryant, Bertha E.**

*The Measurement of Health—A Critical and Selective Overview*

The need for global and individual health status indices in addition to traditional mortality and morbidity statistics is explained. A classification model for sorting various health status indices into homogeneous groups is presented to facilitate systematic review of health status indices. Problems for users and authors of health status indices are briefly discussed with a view to the development of more practical indices in the future.

(32 references) AA CHI-40(1975)

**Evans, G.D.; Beland, Diane; Butler, Joan; Delongchamp, Nicole; Kroetch, Kenneth; et.al.**

*Status Passage Characteristics and Consequences for the Aged: A Comparison of Preinstitutional and Community Elderly*

CANADIAN JOURNAL OF PUBLIC HEALTH 66(1):15-30, 1975

A research project was conducted in the Ottawa-Carleton region to find out what senior citizens feel they need in the way of health and social services. A preinstitutional group 65 years and over was selected (N=56). Perceived health status, health stability and activities of daily living were used to gain insight as to why the elderly seek institutionalization.

(14 references) CH-P CHI-41(1975)

**Fine, Margaret**

*Interrelationships among Mobility, Health and Attitudinal Variables in an Urban Elderly Population*

HUMAN RELATIONS 28(5):451-455, 1975

This paper is based on interview responses from 169 persons aged 65 years and over living in the Bronx, New York. The questionnaire consisted of items measuring self-assessed health and functional ability. Intercorrelations and factor analysis were used.

(22 references) CH-P CHI-42(1975)

**Kogan, Leonard S.; Jenkins, Shirley**

*Indicators of Child Health and Welfare: Development of the DIPOV Index*

NEW YORK, NEW YORK:THE CITY UNIVERSITY OF NEW YORK, CENTER FOR SOCIAL RESEARCH, 1974 ISBN 0-231-03951-4

The approach of the present study is a comparative analysis of the interrelationships among designated indicators for different sample bases, New York City and New York State and the United States. The primary method of analysis is the application of factor analysis to

intercorrelations among health and welfare indicators and demographic variables. This study also provides for evaluation of changes between 1960 and 1970. The DIPOV Index is based on 5 indicators and while requiring refinement, has implications for program planning and funding.

(14 references) CH-P CHI-43(1975)

**McCaslin, Rosemary; Calvert, Welton R.**

*Social Indicators in Black and White: Some Ethnic Considerations in Delivery of Service to the Elderly*

JOURNAL OF GERONTOLOGY 30(1):60-66, 1975

A random sample of 51 persons, age 55 and older, responded to the Social Indicators Index for the Aged, a standardized questionnaire consisting of 150 items. Subjective and objective health measures are included; weighted scores are assigned to each response and averaged to form a summary index. The findings support other literature which has stressed the necessity of considering ethnic differences in designing and delivering services to the aged.

(22 references) AA-M CHI-44(1975)

**Storandt, Martha; Wittels, Ilene; Botwinick, Jack**

*Predictors of a Dimension of Well-Being in the Relocated Healthy Aged*

JOURNAL OF GERONTOLOGY 30(1):97-102, 1975

122 subjects aged 61 to 88 years were tested around the time they moved to an apartment complex in which independent living and self-care was necessary. 2 measures of health status and 2 of health habits were included in the 24 assessment batteries. After living in their apartments circa 15 months, their well-being was independently rated by 2 psychologists; a 5-point clinical rating scale was used. The test scores were analyzed in relation to the clinical rating categories. Results are presented and discussed.

(21 references) AA-M CHI-45(1975)

## **Policy Review**

**Balinsky, Warren; Berger, Renee**

*A Review of the Research on General Health Status Indexes*

MEDICAL CARE 13(4): 283-293, 1975

A tool which developed as an outgrowth of the desire for a more accurate characterization of the planning concerns of an efficient and effective health service system, is the general health status index. This article provides a comprehensive review of the literature on these indexes. Common objectives and constraints are presented, as well as a discussion of the expanding role of general health status indexes.

(38 references) AA-M CHI-46(1975)

**Blue Cross Association and National Association of Blue Shield Plans**

*Selected Studies in Medical Care and Medical Economics*

CHICAGO, ILLINOIS:NATIONAL ASSOCIATION OF BLUE SHIELD AND BLUE CROSS ASSOCIATION, 1975

This resource document lists abstracts of current research in hospital and medical economics and health care organization and administration. Approximately 400 projects are classified into the following 8 chapters: health economics, health planning, organization of the delivery system, service components, utilization, education, professional and population characteristics.

(414 references) CH-P CHI-47(1975)

**Childs, Alfred W.**

*The Function of Medical Care*

PUBLIC HEALTH REPORTS 90(1):10-14, 1975

The author states that, in addition to restoring or maintaining health, medical care has the following functions: assessment and certification of health status; prognostication; and, coping with the problems of illness. Although these added functions do not necessarily extend life or reduce disability, they have other valued outcomes. Recognition of these paracurative functions has implication for planners, evaluators, physicians and patients.

(31 references) AS-M CHI-48(1975)

**Dunlop, David W.**

*Benefit-Cost Analysis: A Review of its Applicability in Policy Analysis for Delivering Health Services*

SOCIAL SCIENCE AND MEDICINE 9(3):133-140, 1975

The use of benefit-cost analysis for programmatic decision making in health is reviewed focussing on the kinds of health programs analyzed, the impact on health policy, and the problems encountered when using such an analytical tool. Alternatives to benefit-cost analysis are discussed in light of their policy relevance. A concluding section provides a broader perspective for health planning and program development.

(48 references) AA CHI-49(1975)

**Editor**

*Editorial: Morbidity in the Community*

MEDICAL JOURNAL OF AUSTRALIA 1(7):187, 1975

The author reviews the general problems of morbidity measurement, operational definitions, and sample survey methods. In spite of these difficulties, the author urges the planning and implementation of community health surveys in a wider basis than is currently recognised. The need for composite measures of health is also stressed.  
(0 references) CH-P CHI-50(1975)

**Grogono, A.W.**

*Measuring Health (A) A General Review*

ROYAL SOCIETY OF HEALTH CONGRESS BRIGHTON, APRIL 22-26, 1974

This review article is primarily concerned with indexes which are intended to measure both the health of a community and of any individual whether well or suffering from one or more diseases. The author favors the multi-dimensional index.

(24 references) CH-P CHI-51(1975)

**Little, Dennis L.**

*Social Indicators and Public Policy*

FUTURES 7(1):41-51, 1975

This article outlines a series of demand-oriented questions and their rationale which need answering if social accounting is to be a useful tool to the policy maker. Drawing on U.S. situations, the author focusses on the development of some of these questions.

(37 references) CH-P CHI-52(1975)

## **CURRENT RESEARCH—ENGLISH**

### **Development—Conceptual**

**Chen, Martin K.**

*Health Status Indicators: From Here to Where?*

PRESENTED AT THE DATA USE AND ANALYSIS LABORATORY  
NCHS:CHSS WORKSHOP ORLANDO, FLORIDA, APRIL 28-29, 1975

This paper discusses the problems involved in measuring health status. The following topics are reviewed: difficulties of defining health; use of the health continuum concept; selection of preference values or weights; and, validity and reliability of the developed measure.

(8 references) CH-P CHI-53(1975)

**Densen, Paul M.; Martin, Suzanne G.; Clay, Cynthia K.**

*A Microanalytic Approach to the Formulation of a Health Accounts System*

UNPUBLISHED CONTRACT PROGRESS REPORT, BOSTON, MASSACHUSETTS:  
HARVARD UNIVERSITY, CENTER FOR COMMUNITY HEALTH AND MEDICAL CARE, 1975

The microanalytic approach to a formulation of a system of health accounts involves assembling a significant portion of the available data relating consumption of health care services and health status of one age group, children 0-4 years. Data requirements for health status measures and utilization of specific services as well as possible means of relating health inputs and outputs are some of the issues addressed in developing this system of health accounts.

(50 references) CH-P CHI-54(1975)

**Ginsburg, Gary**

*Cost Benefit Analysis in the Health Services*

UNPUBLISHED, LONDON, ENGLAND:MAUDSLEY HOSPITAL, 1975

The main difficulties in using cost-benefit analysis in the health sphere are not only those of economic theory but also the essential perquisite of providing valid measurement values. Various approaches

to measuring benefits, especially those not directly measureable in monetary terms, are reviewed. The author is currently collecting data for a cost benefit study on the use of nurse therapists.  
(35 references) CH-P CHI-55(1975)

### **Schoen, Delores**

*Proposal for Assessing Health Status and Development of Measures of Child Health*

UNPUBLISHED, WOODLAND, CALIFORNIA: YOLO COUNTY HEALTH DEPARTMENT, 1975

This research proposal outlines hypotheses to be tested regarding health status, socio-economic status, and preventive medical care. A health index based on the absence of certain physical conditions and disabilities will be developed. Basic health data will be available in a structured format with the same parameters for all children involved through the child health and disability prevention program. The analysis can provide information as to allocation of resources and identification of high risk groups.

(0 references) CH-P CHI-56(1975)

### **Williams, Alan**

*Development Possibilities for Social Indicators in the Health Field*

UNPUBLISHED, YORK, ENGLAND: UNIVERSITY OF YORK, 1975

The feasibility of establishing a chain of evaluative studies which would link measures of social functioning used in decision-making and evaluation at a low level, with larger scale survey work on these same dimensions for development as aggregative health indicators is explored. The author starts with the clinical level and proceeds to higher level decisions in health care policy. At each stage, the common elements from which indicators can be developed, are identified.  
(57 references) CH-P CHI-57(1975)

## **Development—Empirical**

**Berry, Charles C.; Bush, J.W.; Kaplan, Robert M.**

*Testing for Variation in Social Group Preference for Function Levels of a Health Index*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN STATISTICAL ASSOCIATION ATLANTA, GEORGIA AUGUST 25-28, 1975

Social preference for levels of functions represent the value dimension of health status. If differences in preferences exist between social groups, they may pose aggregation problems in creating a general health status index. 806

respondents in a household interview survey each rated the relative desirability of a set of case descriptions on a scale from 0 to 10. The major canonical analysis revealed no significant differences among social groups for the values associated with health states.

(22 references) AA-M CHI-58(1975)

**Brody, Stanley J.**

*The Impact of a Medical Demonstration Project on Health Status Outcomes*

UNPUBLISHED, PHILADELPHIA, PENNSYLVANIA:UNIVERSITY OF PENNSYLVANIA, 1975

A medical demonstration project for medically indigent population in 3 counties of northeastern Pennsylvania is currently being evaluated for its impact on health status. The components of health status in this 3 year longitudinal study include functional ability, disease conditions, disability, mortality, symptomatology and social supports. Household surveys, designed to measure health status, will be administered annually.

(references unknown) AA-M CHI-59(1975)

**Gilson, Betty S.; Bergner, Marilyn; Bobbitt, Ruth A.; Pollard, William E.; Martin, Diane**

*Further Tests and Revision of the Sickness Impact Profile 1974-1975*

UNPUBLISHED, SEATTLE WASHINGTON:UNIVERSITY OF WASHINGTON, SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE, 1975

Validity, self-administration and analysis of the short form of the Sickness Impact Profile (SIP), a behaviorally based measure of health status, are discussed. The process for revising the SIP and for developing and pretesting new forms of the instrument is also presented. Utilization and weighted utilization along with clinical measures are considered as validating criteria. Results and methodologies are reported; reference is made to directions for future study.

(66 references) CH-P CHI-60(1975)

**Greenblatt, Harry N.**

*Measurement of Social Well-Being in a General Population Survey*

IN PRESS, BERKELEY, CALIFORNIA:HUMAN POPULATION LABORATORY, 1975

An earlier formulation is reconceptualized in an Index of Social Well-Being for measuring the social health of individuals in a general

population survey. Emphasis is placed on role performance as measured by participation in 4 major role areas: Domiciliary, friendship, work and community activities. This Index meets criteria of universal applicability through a uniform scoring procedure and conceptual independence of the measurement of social health. Results based on the Human Population Laboratory's 1965 survey are presented (N=6,928).

(11 references) AA-M CHI-61(1975)

**Hightower, William L.**

*An Index of Health for Mississippi*

UNPUBLISHED, UNIVERSITY, MISSISSIPPI:UNIVERSITY OF MISSISSIPPI, SCHOOL OF PHARMACY, 1975

Factor analysis was utilized to calculate an index of health for each county in Mississippi and an overall state index for the year of 1970. Data on 55 health indicators were analysed using principal components and Varimax rotation; the following 8 factors were extracted: resource population; economic; geriatrics; social; preventive medicine; nutrition; mortality; and, disability. The index numbers were standardized for comparison across 82 counties.

(45 references) AA-M CHI-62(1975)

**Lipscomb, Joseph**

*Resource Allocation for Health Status Maximization: A Multi-Disease Model and some Preliminary Empirical Results*

UNPUBLISHED, DURHAM, NORTH CAROLINA:DUKE UNIVERSITY, 1975

A mathematical model which takes into account disease prevalence, the effectiveness of alternative treatment strategies, and population preferences for alternative states of health is introduced. The model is applied initially in determining the allocation of key labor resources in the prevention and treatment of infant gastroenteritis and infant respiratory infections, two common diseases on the Papago Indian Reservation in Arizona. A report which describes the model, and discusses conceptual issues in the development of a composite measure of health status is in preparation.

(references unknown) AA-M CHI-63(1975)

**Ludy, Ernest G.**

*High Priority Populations for Mental Health and Related Human Services in Northern Lower Michigan*

PETOSKEY, MICHIGAN:NORTH CENTRAL MICHIGAN COMPREHENSIVE HEALTH PLANNING COUNCIL, INC., 1975 (AVAILABLE FROM THE AUTHOR, PRICE \$3.50)

The general objective is to identify high priority populations for mental health and related human services within an 18 county region. Small area analysis is used to generate population profiles based on 50 indicators derived from the Demographic Profile System developed by the National Institute of Mental Health. Through a ranking and summing process, a mental health need index (MHNI) is computed for various geographical units. An MHNI score at least 1 standard deviation above the mean is indication of a high need population.

(8 references) CH-P CHI-64(1975)

**Ludy, Ernest G.**

*The Identification of High Priority Populations (High Risk Populations) for Mental Health and Related Human Services: A Project Proposal*

UNPUBLISHED, PETOSKEY, MICHIGAN:NORTH CENTRAL MICHIGAN COMPREHENSIVE HEALTH PLANNING COUNCIL, INC., 1974

The technique of social area analysis is used to develop a health planning tool for 18 counties in Northern Lower Michigan. The proposed methodology, which uses data from the 1970 U.S. Census, builds on the Profile System developed by the National Institute of Mental Health. The result is a health status measure based on 50 equally weighted variables. This preliminary index can be used in the planning and management of human services.

(9 references) CH-P CHI-65(1975)

**Martini, Carlos J.M.; McDowell, Ian W.**

*Socio-Medical Measures of Health in Primary Care*

UNPUBLISHED, NOTTINGHAM, ENGLAND:UNIVERSITY OF NOTTINGHAM, DEPARTMENT OF COMMUNITY HEALTH, 1975

An health index for primary care is being developed and validated. Results of a pilot study, N=121, indicate that 1) the interview schedule was acceptable to both the respondents and doctors involved; 2) the method summarizes the respondent's well-being and 3) the method shows contrasts between the sick and healthy respondents. Further investigation is underway to refine the interview schedule, and to assess its validity and reliability.

(1 reference) CH-P CHI-66(1975)

**Martini, C.J.M.; Allan, G.J.B.; Garroway, M.N.; Davison, J.**

*The Impact of Medical Care on Health Outcome Indices*

UNPUBLISHED, NOTTINGHAM, ENGLAND:UNIVERSITY OF NOTTINGHAM, 1975

The study goal was to define which services are most clearly related to which aspects of health for the purpose of improving evaluation for health services planning. This report describes the statistical relationships between health, medical services and the environmental circumstances surrounding the individual, working with statistics already available. Methodology and results are included in this report. (56 references) CH-P CHI-67(1975)

**Torrance, George W.**

*Health State Preferences: A Comparative Study of Three Measurement Techniques*

PRESENTED AT THE JOINT NATIONAL MEETING OF THE OPERATIONS RESEARCH SOCIETY OF AMERICA AND THE INSTITUTE OF MANAGEMENT SCIENCES SAN JUAN, PUERTO RICO, OCTOBER 16-18, 1974

Three measurement techniques were applied to measure individuals' preferences for a number of specific health states (N=318). The standard gamble technique is considered the accepted standard for this type of measurement; reliability was acceptable but not outstanding. The time trade-off technique had high criterion validity when compared to the standard gamble and the reliabilities were almost identical. The category scaling was found to have favorable validity; its reliability was not tested. This latter has administrative advantages over the other two techniques.

(12 references) AA-M CHI-68(1975)

**Ware, John E. (Project Director)**

*Development and Validation of Scales to Measure Key Health Concepts—Current Status*

PRESENTED AT A NATIONAL CENTER FOR HEALTH SERVICES RESEARCH SEMINAR APRIL 2, 1975

The scale to measure perceptions regarding health developed by Ware and his colleagues, consists of 6 dimensions: current health; prior health; health outlook; resistance to illness; lack of health anxiety; and, acceptance of the sick role. The first 4 represent individual health level and the latter 2, health state response. This research group has developed other scales to measure patient satisfaction and health values.

(0 references) CH-P CHI-69(1975)

**Ware, John E.; Wright, W. Russell; Snyder, Mary K.**

*Measures of Perceptions Regarding Health Status: Preliminary Findings*

UNPUBLISHED, CARBONDALE, ILLINOIS: SOUTHERN ILLINOIS UNIVERSITY, SCHOOL OF MEDICINE, 1974

A scale to measure perceptions regarding health status (current health, prior health and resistance to illness) and response to health state (lack of health anxiety and acceptance of the patient role) was administered to a sample of adults living in Southern Illinois (N=433). Scale items which met factor analytic criteria were used to compute score estimates for the 5 health concepts. Scale revisions designed to improve the reliability and validity of the index scores were summarized.

(23 references) AA-M CHI-70(1975)

## Applications

**Chen, Martin K.**

*Application of the G-Index to Selected Disease Groups in Epidemiology*

PRESENTED AT THE JOINT MEETING OF PROFESSIONAL ASSOCIATIONS OF THE U.S. PUBLIC HEALTH SERVICE LAS VEGAS, NEVADA, JUNE 2-5, 1975

The G-index uses a mathematical principle called direct proportionality by which expected mortality and morbidity rates of the study group comparable to those of the reference population are computed. Differences in the expected and observed rates among the study group are incorporated into the G-index in terms of productive years unnecessarily lost. Data from the National Center for Health Statistics are used to compute the G-index for disease specific groups.

(1 reference) CH-P CHI-72(1975)

## Policy Review

**Calhoun, Scott; McKelvey, C.P.**

*Health Status Indexes—An Approach to the Measurement of Community Health Status*

FORTHCOMING FROM HEALTH RESOURCES ADMINISTRATION, BUREAU OF HEALTH PLANNING AND RESOURCES DEVELOPMENT

This monograph is a state of the art report on composite measures of health status and their utility to health planners. As components of health indexes, mortality, morbidity, disability and utilization data are examined for source and reliability. Seven specific indexes are discussed in terms of their strengths and weaknesses and their requirements for implementation. These seven represent a progression of methodological sophistication ranging from straight forward ranking techniques through mathematical programming.

(references unknown) CH-P CHI-71(1975)

**Chen, Martin K.**

*Health Status Indices and Health Services Planning*

PRESENTED AT THE INSTITUTE ON HEALTH INDICATORS UNIVERSITY OF WISCONSIN, MADISON, WISCONSIN, AUGUST 18-22, 1975

The author discusses some assumptions underlying the use of health status indices for planning purposes. Several attributes of a good health status index, including reliability, validity, sensitivity, are also discussed. After a brief review of some of the available composite measures, the author assesses the health measurement tools currently available to planners.

(6 references) CH-P CHI-73(1975)

**Division of Comprehensive Health Planning**

*Selected Data Sets for Health Planners*

ROCKVILLE, MARYLAND:HEALTH RESOURCES ADMINISTRATION, BUREAU OF HEALTH RESOURCES DEVELOPMENT, 1974

This compilation of data sets, subnational in focus, has been prepared for the use of health planners at the regional, state and local levels. This report contains a broad selection of the information available. Each data set is represented by a summary sheet which provides the title, the organization(s) primarily responsible for development, basic descriptive information and a contact point for further information.

(145 references) CH-P CHI-74(1975)

**Shannon, Kristin (director)**

*The Health Resources Administration (HRA) Management Conference: "Bedchecks": Within and Without the Agency*

UNPUBLISHED CONTRACT REPORT, WASHINGTON, D.C.:CENTER FOR GOVERNMENT EDUCATION RELATIONS, CENTER FOR POLICY

The problems and opportunities facing the health care delivery system and HRA's role in shaping that system were examined at this meeting. The conference provided a forum where HRA officials, professionals involved with new direction in health care and specialists in the measurement of attitudes and values of the American public could interact. This report summarizes the conference.

(7 references) CH-P CHI-75(1975)

**Silberg, Nancy**

*Data for Health Planning: A Selected Annotated Bibliography*

SEATTLE, WASHINGTON: UNIVERSITY OF WASHINGTON SCHOOL OF  
PUBLIC HEALTH, 1974

Reference is made to books, pamphlets and articles which contain data useful for health planning. Nine subject categories are used, bibliographies, demographic, expenditures, general medical care statistics, health services—manpower and facilities, indexes, insurance, social and economic and vital statistics. Also included are 1) a list of recommended and supplementary data sources and 2) additional places to seek data on a state and local level. This compilation is intended to be an inroad to further technical assistance and continuing education.

(66 references) CH-P CHI-76(1975)

**Task Force on Health Research**

*Contributions of Psychology to Health Research: Patterns, Problems, and Potentials*

UNPUBLISHED, WASHINGTON, D.C.:AMERICAN PSYCHOLOGICAL ASSOCIATION, 1975

This paper is a report of 2 years of study by the Task Force. The health services research field is reviewed from the psychologist's perspective. Apparently, an increasing number of psychologists are becoming involved in health research. The Task Force urges the American Psychological Association to support this interest by establishing a health research section within Division 18.

(63 references) CH-P CHI-77(1975)

## RECENT PUBLICATIONS—NON-ENGLISH

**Baylett, Rene; Benyoussef, Amor**

*Sante et Developpement: Priorities, Planification et Indicateurs Sanitaires*

SOCIAL SCIENCE AND MEDICINE 9:69-73, 1975 (ARTICLE IN FRENCH WITH ENGLISH ABSTRACT)

Experience in Africa, Latin America and Asia during the past 10 years points to a need for a multidisciplinary approach where health priorities are understood within the general framework of rural development. This paper reviews current conceptualization in several developing countries, suggests an approach based on available measures and outlines how a radical change in our thinking may contribute to the improvement of people's health.

(28 references) AA-M CHI-78(1975)

**Beck, P.**

*Health-Illness Concept: Health, Illness and Care Personnel*

Z. KRANKENPFL 68(4):125-126, 1975

(article in French) CHI-79(1975)

**Bouchalova, M.**

*Morbidity and Consumption of Health Care in Infants from Families of Various Social Conditions*

CESKOSLOVENSKE ZDRAVOTNICTVI (PRAHA) 22(11):477-487, 1974  
(ARTICLE IN CZECH WITH ENGLISH ABSTRACT)

The author investigated the morbidity of infants by sex and social conditions of families. Attention is devoted to relations between basic and specialized health care as well as to relations between child care and child morbidity. The results indicate that the volume of care devoted to infants has been expanded and draws attention to some favorable changes in the structure of this care and to a substantial reduction of the infant morbidity.

(13 references) AA-M CHI-80(1975)

**Bure, S.R.**

*Basic Problems in Disability Evaluation Medicine*

CESKOSLOVENSKE ZDRAVOTNICTVI (PRAHA) 22(12):491-495, 1974  
(ARTICLE IN CZECH WITH ENGLISH ABSTRACT)

Assessment of work capacity as a medical branch developed and is developing in relation to the development of science and society and its changing needs. Today this discipline must be based on the close collaboration between the individual and environment, to recover the role and function corresponding to his state of health.  
(references unknown) AA-M CHI-81(1975)

**Furmenko, I.P.; Anokhin, L.V.**

*A Method of Study of the State of Health of Workers of the Synthetic Resin Plant*

ZDRAVOOKHRANENIE ROSSIJSKOE FEDERATSII (MOSKVA) 0(8):23-26, 1974

(article in Russian) CHI-82(1975)

**Grabovskii, P.P.; Doronich, M.G.**

*Methodological Approaches to the Study of the Health of the Population*

SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) 0(11):7-10, 1974

(article in Russian) CHI-83(1975)

**Herrmanov, A.H.**

*Methodology in the Study of the Functional Potential of Chronically Diseased and Old Persons*

CESKOSLOVENSKE ZDRAVOTNICTVI 22(12):525-532, 1974 (ARTICLE IN CZECH WITH ENGLISH ABSTRACT)

The increasing numbers of old and chronically sick persons who cannot care for themselves draw attention to the need of a new approach to health and social problems involved. The use of modern mathematical methods in natural and social sciences makes it possible to seek correlations between biological and social systems. The described method is one example of the use of multidimensional statistical analysis in the process of decision on the degree of dependence of the elderly and the indications for social provisions.  
(16 references) AA-M CHI-84(1975)

**Hinze, L.; Rauer, A.; Salzer, A.; Schulze, W.**

*Effect of Social Factors on the Health of the Working Woman*

(article in German) CHI-85(1975)

**Huttner, H.**

*Sociological Problems in the Health Status and Health Behavior*

ZEITSCHIFT FUR AERZTLCHE FORTBILDUNG (JENA) 68(19): 1032-1037,  
1974

(article in German) CHI-86(1975)

**Institute fur Dokumentation und Information uber Sozial Medizin und  
Offentliches Gesundheitswesen**

*Dokumentation der Schulgesundheitsuntersuchung 1974 der Minister  
fur Arbeit, Gesundheit und Soziales des Landes Nordrhein-West-  
falen*

BIELEFELD, GERMANY, 1974

(article in German) CHI-87(1975)

**Klein-Beaupain, Th.; Lefevere, G.**

*Les Indicateurs Sociaux de Sante*

BRUSSELS, BELGIUM (ARTICLE IN FRENCH)

This methodological report is related to the social indicators of health. The first part aims at defining the concept of social indicator through work carried out in the United States and France. One chapter studies the indicators previously proposed in the health field. The second part endeavors to build health indicators for Belgium. The choice of a series of social indicators can only be the result of a wide confrontation between experts, researchers and policy makers. The validity of the selected indicators should be studied.

(references unknown) AA-M CHI-88(1975)

**Mackiewicz, Maciej**

*On Measures of the Quality of Medical Care*

ZDROWIE PUBL 86(4):359-366, 1975 (ARTICLE IN POLISH WITH EN-  
GLISH TRANSLATION)

The author assumes that good health of the population, that is, a long average life expectancy with a positive distribution of health conditions of individuals, is a superior social value and constitutes a main objective of the activities of health services. Properties of the medical care system essential for the accomplishment of health objec-

tives should be applied as additional criteria of evaluation of the quality of the system. The author suggests modifying the Function Status Index of Fanshel and Bush for use in Poland.

(18 references) CH-P CHI-89(1975)

**Mackiewicz, Maciej; Opala-Dudek, Grazyna; Kiszcuk, Stefan**

*Sociomedical Health Scale of Individuals and Groups of People*

**ZDROWIE** PUBL 86(5):405-412, 1975 (ARTICLE IN POLISH WITH ENGLISH ABSTRACT)

The authors present their modification of the 11-point health scale proposed by Fanshel and Bush in 1970. The modification concerns definitions of scale points, a simple method of obtaining scale values through expert study, results of typological analysis of 180 responses of experts and proposition of further works on sociomedical scale of health.

(1 reference) AA-M CHI-90(1975)

**Mizrahi, Andree; Mizrahi, Arie; Rosch, Georges**

*An Indicator of Morbidity*

**CONSUMMATION—ANNALES DU C.R.E.D.O.C. No. 3, 1973 (ARTICLE IN FRENCH WITH ENGLISH TRANSLATION)**

The authors develop a measure of the severity of an individual's morbidity based on 3 dimensions, the extent of life risk, disability and duration of the morbid condition. This measure can be used to assess population health status or in behavioral models to explain the decision to seek medical care. Analysis is based on a survey of 377 households, 1062 persons, in Paris, France.

(17 references) CH-P CHI-91(1975)

**Nesterov, V.A.**

*Some Problems in the Assessment of Disablement Indices*

**SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) 0(5):9-14, 1974 (ARTICLE IN RUSSIAN WITH ENGLISH ABSTRACT)**

Disablement is one of the indices of the health status of the population. Its level and structure depend on many factors—social legislation, morbidity of the population, conditions of work and life, and the quality of medical aid and medical expert testimony. In connection with different indices of primary disablement and the contingent of invalids, a question concerning the need for elaborating common methods in the assessment of indices of disablement and the establishment of united management on its statistics is raised.

(0 references) AA-M CHI-92(1975)

**Nesterov, V.A.; Dashovskaia, Z.**

*Study of Childhood Disability*

**ZDRAVOOKHRANENIE ROSSIISKOW FEDERATSI (MOSKVA) (11): 17-20,  
1974**

(article in Russian) CHI-93(1975)

**Pflanz, M.**

*Principles and Methods of Assessment of Achievements in Health Policies*

**OEFFENTLICHE GESUNDHEITSWESEN (STUTTGART) 36(8):537-544, 1974  
(ARTICLE IN GERMAN WITH ENGLISH ABSTRACT)**

In West Germany there exists major contributions to the evaluation of achievements in the health field but methods and quality of the results leave much to be desired. The present tendency to see in health-information systems an essential basis for a control of effectiveness is criticized. The need for better health statistics of various kinds and for ad hoc investigation using epidemiologic techniques is emphasized.

(18 references) AA-M CHI-94(1975)

**Romenskii, A.A.; Zhukovskii, G.S.; Leonov, S.A.; Murakhoskaia, L.I.**

*Use of Bayes Probability Method for Studying the Complex Influence of Social Hygienic Living Conditions on Population Morbidity*

**SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) (12):16-20, 1974**

(article in Russian) CHI-95(1975)

**Sergeev, V.N.; Svirinova, L.E.**

*Interrelationship between the Students' Motor Regimen with Health Indicators and Industrial Activity during the Working Semester*

**SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) 0(5):26-29, 1974  
(ARTICLE IN RUSSIAN WITH ENGLISH ABSTRACT)**

In order to study the physical training for requirements of the practical term the authors examined 302 students of the construction detachment of the Tselinograd Medical Institute. Complex evaluation of the health status during the work in the construction detachment, readiness for an academic year and of work efficiency were made separately in sportsmen and other students. Findings are discussed.

(0 references) AA-M CHI-96(1975)

**Shandala, M.G.; Zviniatskovskii, I.A.I.**

*The Complex Influence of Natural and Social-Hygienic Factors in the Environment on the Health of the Population*

SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) (12):20-25, 1974  
(ARTICLE IN RUSIAN WITH ENGLISH ABSTRACT)

The succession of measures on the protection of the environment should be determined by the importance of different factors in their influence on the population's health, in particular, on the state of the non-infectious morbidity rate. The significance of some factors in the influence of the environment of the populated areas on health may be revealed by the methods of analytical epidemiology of non-infectious diseases modified correspondingly for the tasks of the work.  
(references unknown) AA CHI-97(1975)

**Stach, I.J.**

*Health Statistics as a Component of the Information System in Health Services*

CESKOSLOVENSKE ZDRAVOTNICTVI (PRAHA) 22(11)441-448, 1974  
(ARTICLE IN CZECH WITH ENGLISH ABSTRACT)

One purpose of health statistics is the opportunity to provide a comprehensive picture of the nature and extent of problems of the health status of the population. A system of balances should be created which will serve as a guide when determining which statistics are most needed. Based on thus assembled data it would be possible to compare input and output data.

(0 references) AA-M CHI-98(1975)

**Van Bergen, B.J.; Hollands, L.J.**

*Anthropological Exploration of the Concepts "Sick and Healthy"*

TIJDSCHRIFT ZIEKENVERAL 27(37):1070-1074, 1974

(article in Dutch) CHI-99(1975)

**Zuikhin, D.P.**

*Method of Computing the Morbidity Rate Indices during Ship Cruises*

VOENNO-MEDITSKISKII ZHURNAL (MOSKVA) (9):71-72, 1974

(article in Russian) CHI-100(1975)

## AUTHOR INDEX

*(Note: All authors cited in the bibliography are listed in this Index)*

Allan, G.J.B. ....	67
Anokhin, L.V. ....	82
Aubengue, Maurice .....	20
Bachrach, Henry .....	31
Balinsky, Warren .....	46
Baylett, Rene .....	78
Beck, P. ....	79
Beiser, Morton .....	13
Beland, Diane .....	41
Belloc, Nedra B. ....	14
Benyoussef, Amor .....	78
Berger, Renee .....	46
Bergner, Marilyn .....	60
Berry, Charles C. ....	58
Birnbom, F. ....	27
Bloch, Doris .....	1
Blue Cross Association .....	47
Bobbitt, Ruth A. ....	60
Botez, M. ....	24
Botwinick, Jack .....	45
Bouchalova, M. ....	80
Brody, Stanley J. ....	59
Bryant, Bertha E. ....	40
Bure, S.R. ....	81
Burton, Richard M. ....	15
Bush, J.W. ....	58
Bush, Mary T. ....	16
Butler, Joan .....	41
Calhoun, Scott .....	71
Callahan, Daniel .....	2
Calvert, Welton R. ....	44
Chen, Martin K. ....	17, 18, 19, 40, 53, 72, 73
Childs, Alfred W. ....	48
Clay, Cynthia K. ....	54

D'Agostino, Ralph B.....	3
Damiani, Paul .....	20
Damon, William W.....	15
Dashovskaia, Z. ....	93
Davies, Dean F. ....	21
Davison, J. ....	67
Dellinger, David C. ....	15
Delongchamp, Nicole .....	41
Densen, Paul M. ....	54
Division of Comprehensive Health Planning.....	74
Doronich, M.G. ....	83
Dunlop, David W.....	49
 Editor.....	50
Einhorn, Hillel J. ....	22
Elinson, Jack.....	4
Evans, G.D.....	41
 Fanshel, Sol .....	23
Farcas, M. ....	24
Fine, Margaret .....	42
Furmenko, I.P.....	82
 Garroway, M.N.....	67
Giacalone, Joseph J. ....	25
Gilson, Betty S.....	60
Ginsburg, Gary .....	55
Gonnella, Joseph S. ....	26
Goran, Michael J. ....	26
Grabovskii, P.P.....	83
Grauer, H.....	27
Greenblatt, Harry N. ....	61
Grogono, A.W. ....	51
Gustafson, David H. ....	28
 Halstead, Lauro .....	29
Hartley, Ronald B. ....	29
Herrmannov, A.H. ....	84
Hightower, William L. ....	62
Hinze, L. ....	85
Hobson, Richard.....	30
Hogarth, Robin M. ....	22
Hollands, I.J.....	99
Holloway, Donald C. ....	28
Hoyman, Howard S. ....	5
Hudson, James I. ....	25
Huttner, H. ....	86
 Institute fur Dokumentation .....	87
Jago, John D.....	6
Jelezov, G. ....	24

Jenkins, Shirley.....	43
Johnston, Shawn.....	36
Kaplan, Robert M.....	58
Kiszczuk, Stefan.....	90
Klein-Beaupain, T.....	88
Kogan, Leonard S.....	43
Kroetch, Kenneth .....	41
Later, I.....	24
Lefevere, G.....	88
Leonov, S.A.....	95
Linn, Bernard S.....	7
Linn, Margaret W.....	7
Lipscomb, Joseph.....	33, 34, 63
Little, Dennis L.....	52
Luborsky, Lester.....	31
Ludy, Ernest G.....	64, 65
Mackiewicz, Maciej.....	89, 90
Mann, Stuart H.....	30
Martin, Diane .....	60
Martin, Suzanne G.....	54
Martini, Carlos J.M. ....	66, 67
McCaslin, Rosemary.....	44
McDowell, Ian W.....	66
McKelvey, C.P.....	71
Miles, David L.....	32
Mizrahi, Andree.....	91
Mizrahi, Aries .....	91
Murakhoskaia, I.I.....	95
Nesterov, V.A.....	92, 93
Opala-Dudek, Grazyna .....	90
Osborne, Oliver H. ....	16
Pflanz, M. ....	94
Pollard, William E. ....	60
Rauer, A. ....	85
Recio, Delores M.....	8
Reynolds, W. Jeff .....	32
Romenskii, A.A. ....	95
Rosch, Georges.....	91
Rushing, William A. ....	32
Salzer, A. ....	85
Scheffler, Richard M. ....	33, 34
Schoen, Delores.....	56
Schulze, W. ....	85
Seal, S.C. ....	9

Sergeev, V.N.....	96
Shandala, M.G.....	97
Shannon, Kristin .....	75
Silberg, Nancy .....	76
Snyder, Mary K. ....	70
Stach, I.J. ....	98
Statistical Office:United Nations .....	35
Steinfels, Peter.....	10
Stewart, Anita.....	36
Storandt, Martha .....	45
Svirinova, L.F. ....	96
 Task Force on Health Research .....	77
Terris, Milton.....	11
Tornstam, Lars .....	37
Torrance, George W. ....	38, 68
 Ullom, Jean A.....	16
 Van Bergen, B.J.....	99
Vertinsky, I. ....	39
 Ware, John E. ....	36, 69, 70
Williams, Alan.....	12, 57
Wittels, Ilene.....	45
Wong, E.....	39
Wright, W. Russell.....	70
 Zhukovskii, G.S. ....	95
Zuikhin, D.P. ....	100
Zviniatskovskii, I.A.I.....	97

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