



Study Notes

What's New

Thank you for your continued participation in the DMIE! We hope you had an enjoyable holiday and are looking forward to 2008.

Telephone surveys for participants in Cohort 2 will be conducted in April and May this year and for people in Cohort 1, surveys will be in May and June. We hope the enclosed calendar magnets will help remind you to schedule appointments and will serve as a handy reference for frequently used telephone numbers.

Once again, we will send out a shortened list of the survey questions so that you can gather needed information ahead of time and so that you can follow the questions as your survey is conducted.

Finally, we apologize to those of you who have indicated an interest in attending a focus group but have not yet had the opportunity to do so. We anticipate scheduling several groups across the state this spring and will provide more detail as it becomes available.



The Health Status of DMIE Participants: Survey Findings

Some participants have suggested adding/deleting or changing the wording of some survey questions. While we try to make changes when possible, unfortunately some questions cannot be changed because they are part of a standardized questionnaire that is embedded in the survey. “Standardized” means that the question has been tested and its validity and reliability confirmed (validity means that the question measures what you intend it to measure and reliability means that it can be asked again and again and get the same response—unless there is some actual change). The question must therefore be asked exactly as written because even small differences in wording might affect validity and reliability. In addition, questions often cannot be added or deleted because they all have a function in the overall questionnaire. The various answers are assigned numbers, and each person's answers are scored using a formula. These scores can then be used to compare the individual to other individuals and groups.

One of the standardized instruments used in the DMIE survey is the SF (Short Form) 12, which measures health status. The original questionnaire (called the Medical Outcomes Study) contained 116 questions that were tested, validated and winnowed down to a few that could measure with validity almost equal to the original—but with much less burden on the respondent. The SF has been normed for the U.S. population at large and for other nations, by age group, gender, and for people with several chronic medical conditions.



The SF-12 produces summary scores that measure overall physical functioning and mental functioning. It also has 8 subscales that measure Physical Functioning, Role Physical (how physical health affects ability to function), Bodily Pain, General Health, Vitality (energy level), Social Functioning, Role Emotional (how emotional health affects ability to function), and Mental Health. Take a look at this month's Study Stats on page 2 to see how the DMIE population scored on these measures.

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**Kansas Demonstration to
Maintain Independence and
Employment**



Newsletter brought to you by the
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1-800-410-0699



Study Stats

The following table shows SF scores for DMIE participants at the start of the study. The scores are reported as averages and the ranges from low to high. The national average for each scale is 50, so participants are reporting scores somewhat below the national average for the overall adult population (all ages). However, scores for older individuals with various chronic health conditions including high blood pressure, low back pain, osteoarthritis, heart disease and diabetes, show averages very similar to those of DMIE participants.

SF-12 Scale	DMIE Average	DMIE Low	DMIE High
Physical Functioning	45.09	22.11	56.47
Role Physical	46.33	20.32	57.18
Bodily Pain	44.85	16.68	57.44
General Health	45.29	18.87	61.99
Vitality	47.88	27.62	67.88
Social Functioning	47.05	16.18	56.57
Role Emotional	49.19	11.35	56.08
Mental Health	48.90	15.77	64.54
Physical Health Composite Score	44.12	8.18	68.29
Mental Health Composite Score	49.95	8.93	68.75