



SOCIETY OF ACTUARIES

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Prospective Medicine

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group 40-44 has 1877 chances per 100,000 of dying from arteriosclerotic heart disease in 10 years. This cause of death comprises 33.8% of the total number of deaths. The same person has 285 chances per 100,000 (5.1%) of dying from a motor vehicle accident.

On the other hand, a black male in the age group 20-24 has 611 chances per 100,000 (19.5%) of dying from a motor vehicle accident in 10 years and only 49 chances per 100,000 (1.6%) of dying from arteriosclerotic heart disease.

For each cause of death various factors are listed and different numerical weights are assigned to each risk factor. The weights vary by age, sex, and race. Risk factors considered for arteriosclerotic heart disease are the usual ones: blood pressure, cholesterol, diabetes, exercise habits, family history, smoking habits, and weight. Those considered for motor vehicle accidents are: alcohol habits, drugs and medication, mileage per year, and seat belt use.

Several formulas are used to arrive at composite risk factors for each cause of death and the final result after consulting additional tables is a Health Appraisal Age. A 40-year-old may have a Health Appraisal Age of 35 or perhaps of 47. A Compliance Age is then calculated to indicate how much the Health Appraisal Age can be reduced if the risk factors are modified or eliminated.

I think Drs. Robbins and Hall are to be congratulated for attempting to make the practicing physicians more concerned with "prospective medicine." They have tried to devise a system where everyone has a score that depicts his state of health. If his score is high, he can set about trying to reduce it by working to eliminate some of his risk factors. If his score is low he can congratulate himself and work at keeping it low. In this sports-conscious nation, a score, or numerical depiction of one's state of health, might be quite appealing and psychologically may prove to be a strong motivating stimulus for altering one's way of living. Or it might focus on the necessity of early treatment for abnormalities such as elevated blood pressure or overweight.

On the debit side is a system that in my opinion is needlessly complex. Risk factors and their impact on health can be depicted in a much simpler fashion.

Actuarial Award

Drake University announces the establishment of an actuarial award to the Drake senior with the most outstanding record in completing the Society's examinations. The award is a gift of a Fellow of the Society, Milton J. Goldberg, in memory of his son, Barry Dresden Goldberg.

This personal encouragement of actuarial students complements the offering of scholarships and prizes by some of the actuarial clubs.

In addition, the basic assumption that average risk can be determined by calculating the total numbers of deaths by cause in the general population is open to criticism. It would seem that modification of the crude population data must be made and even then this retrospective-prospective approach can only be used in a relative way. It would be preferable in that regard not to give the final result as an "age," because comparisons with one's own age are inevitable.

Finally, the assignment of weights for the individual risk factors is quite tenuous in many instances. The authors acknowledge this, but once a number appears in print, especially as part of a complex table, it achieves a sanctity that is difficult to destroy (and who should know that better than the readers of *The Actuary*!). □

Social Security Note

Statistical Supplement to the Annual Report of the Railroad Retirement Board, April 1971.

This is a compendium of statistics on the benefit programs for railroad workers administered by the U.S. Railroad Retirement Board. The emphasis is on operations during fiscal 1969-70 but considerable space is devoted also to historical data. Some tables go back to the origin of the program under consideration and data are presented by single year. The publication is primarily tables arranged under the headings: (a) financial statistics, (b) retirement and survivor benefit statistics, (c) unemployment and sickness benefit statistics, and (d) employment, compensation, and coverage statistics.

Free copies may be obtained from the Railroad Retirement Board, Chicago, Ill. 60611.

SELECTION OF RISKS(?)

by Richard A. Engen

The Twin Cities Actuarial Club at its March 7 meeting heard a talk by Dr. Theodore Lindbom, Practicing Industrial Psychologist in the Twin Cities, on "Selection of Actuarial Personnel."

In his talk, Dr. Lindbom emphasized the importance of the interview in the selection process. He warned not to over-emphasize the "impression" a person makes in your hiring decision; the purpose of the interview is to draw facts that will allow you to make a proper selection.

The responsibilities of an interviewer are threefold. First, you are trying to find the best man to fill the job from the Company's standpoint. Second, you must be totally fair to the applicant; you owe it to him to not hire him for the wrong job. Finally, hire for yourself; it is indeed difficult to advance in your job without adequate back up.

Dr. Lindbom listed the techniques to be used in an interview:

(1) Establish some rapport before digging into the interview; break the ice with some small talk.

(2) Let him know that you are an important part of the selection process and not merely somebody trying to sell the company to him.

(3) Make sure your questions are understood.

(4) Ask questions you really want the answers to; these could include quite personal questions.

(5) Ask one question at a time—otherwise, he'll pick out only the questions he wants to answer.

(6) Phrase your questions so that you do not imply the answer.

(7) If a particular question doesn't seem to get answered, keep coming back to it. There could be an important reason why it's being avoided.

(8) Avoid questions that can be answered "yes" or "no."

(9) Frequently ask the questions "how" and "why."

(10) Perhaps most important of all, *learn how to listen*. You are not gaining any additional information while you are talking. □