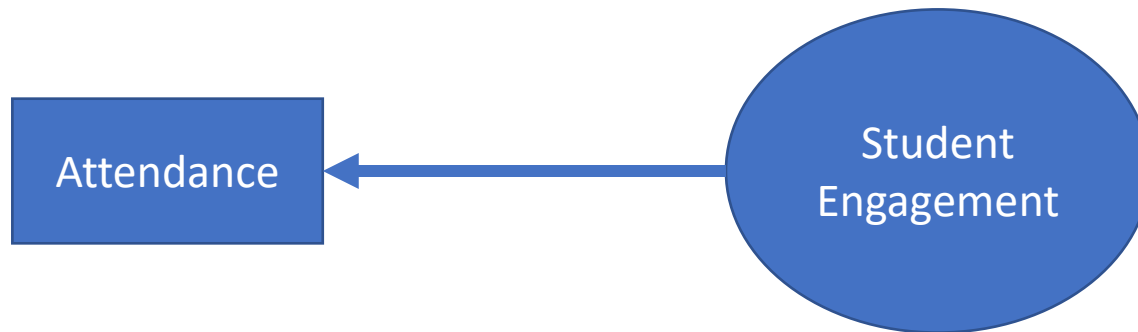
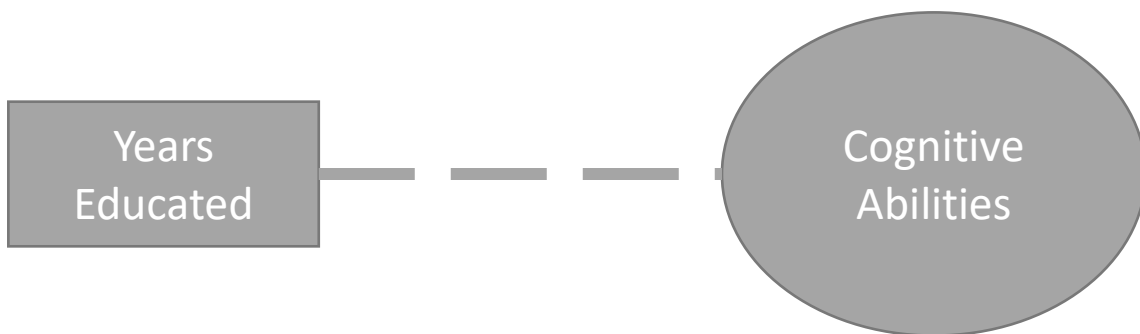


Proxies





# Examples of Proxies

## Proxy

- BMI
- GDP per capita
- SAT scores

## For

- Body fat %
- Quality of life
- Scholastic Aptitude/Achievement

There is nothing wrong with a good proxy

But don't forget what it is... a PROXY, not the thing it represents.

- **Economic marginality (EM):** a condition in which the veteran is struggling to get by, has limited equity and resources, and reports frequent cost-cutting measures.
- **Domestic and family workload (DW):** amount of work and effort involved in the daily routine, including household workload, arranging and sustaining child or elder care, and needing to adapt daily routine to include treatment.
- **Domestic help (DH):** help received around the house, from both family and nonfamily members.
- **Positive family relations (PF):** extent to which the veteran has positive relations with family members living both in and out of the home.
- **Salience of religion (RL):** degree of involvement in religious or spiritual practices and the use of religion/spirituality to cope with illness.
- **Proactive response to illness (PR):** amount of activity that the veteran puts into taking care of his or her illness-related needs, including getting and using illness-related services, actively attempting to improve quality of existing care, and taking personal responsibility for becoming informed about and managing chronic illness.
- **Negative impact of illness (NI):** social and emotional burden of illness on close relationships, activities, and social networks.
- **Social support (SS):** amount of emotional and instrumental support received from family and friends.
- **Social costs (SC):** amount of time and resources spent providing emotional and instrumental assistance to others.

## Walsh, Katz & Sechrest 2002

- Created composite
- Pitted the composite against self-reported ethnicity to determine if ethnicity was a proxy for *Adaptation to Illness*

TABLE 6. Commonality Analysis

Outcome Variable	Total Variance Accounted for (%)	Shared Variance (%)	Unique Variance of Adaptation, Controlling for Ethnicity (%)	Unique Variance of Ethnicity, Controlling for Adaptation (%)
Adherence	7.3	1.9	3.9	1.5
Health-related quality of life	21.6	3.9	17.2	0.5
Disease management	7.7	0.9	6.7	0.1
Utilization	13.2	3.1	10.1	1.1

>

Awww... look how smol!

Why the whiplash?



... as long as a new construct has only the single operational definition that it received at birth, it is just a construct. When it gets two alternative operational definitions, it is beginning to be validated. When the defining operations, because of proven correlations, are many, then it becomes reified.

This means, obviously, that the notion of a single “critical experiment” is erroneous. *There must be a series of linked critical experiments, each testing a different outcropping of the hypothesis.* It is through triangulation of data procured from different measurement classes that the investigator can most effectively strip of plausibility rival explanations for his comparison.

**The usual procedural question asked is: Which of the several available data collection methods will be best for my research problem? We suggest the alternative question: Which set of methods will be best? -- with “best” defined as a series which provides data to test the most significant threats to a comparison with a reasonable expenditure of resources.**