

POSTER ABSTRACT

Measuring Population Health from a Broader Perspective: Assessing the My Quality of Life Questionnaire

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Introduction: Broadening perspectives on the concept of population health, such as positive health, focus on people's perception of resilience, meaningfulness and ability to adapt and self-manage. So far, no validated instruments are available for assessing health that encompass these perspectives. The goal of this study was to determine whether the MijnKwaliteitVanLeven.nl "MyQualityOfLife.nl", MKVL survey is a valid and reliable instrument for assessing the broader health perspectives at population level.

Theory/Method: 19,809 individual entries of the MKVL survey were used. Huber's positive health concept and its six dimensions physical functioning, mental health, meaningfulness, quality of life, social participation and daily functioning were used as a conceptual framework for analyses. First, face validity was assessed by means of expert feedback using this framework. The clustering of the MKVL items over the six dimensions by the experts was used for confirmative factor analyses CFA, followed by a data-driven explorative factor analyses EFA. Finally, reliability tests Cronbach's alpha were performed.

Results: Experts distributed 74 of 118 MKVL-items over the six dimensions of positive health. The other forty-four items either reached no consensus or were considered not applicable. The CFA-model based on expert classification was not confirmed by the data. The subsequent EFA excluded most items based on factor loading and suggested two factors; one generally covering 'quality of life' 23 items and the other 'daily functioning' seven items. Both EFA factors showed excellent reliability Cronbach's alpha > 0.9.

Discussion: The MKVL survey shows promise as a comprehensive health instrument. When the goal is to assess specific dimensions of positive health, the MKLV survey seemed to fall short. Explanations for this discrepancy could come from two sides. First, the MKVL survey was not specifically developed for the purposes tested in this study. Second, the dimensions of positive

health are themselves not distinct enough and thus difficult to evaluate separately in a quantitative manner.

Conclusion: The MKVL survey can be used to assess the broader concept of health in a population as well as the more specific 'quality of life' and 'daily functioning' dimensions. The survey lacks the ability to evaluate several new health dimensions separately, such as 'meaningfulness' and 'social participation'.

Lesson learned: It is difficult for instruments to keep up with rapid changing concepts such as health, while there is a lot of demand from the field. Studying and expanding the use existing instruments could fill this gap.

Limitations: The characteristics of the study population have to be taken into account. More elderly, chronically ill and highly educated participants were included in this study when compared to the Dutch population. Furthermore, alternate definitions of positive health, in addition to Huber's, exist and could have led to different results.

Suggestions for future research: Future research should try to further study the potential use of the MKVL survey. For example, gaining the ability to evaluate specific new dimensions individually would be valuable when designing targeted interventions.

Keywords: population health; positive health; Triple Aim; evaluation
