

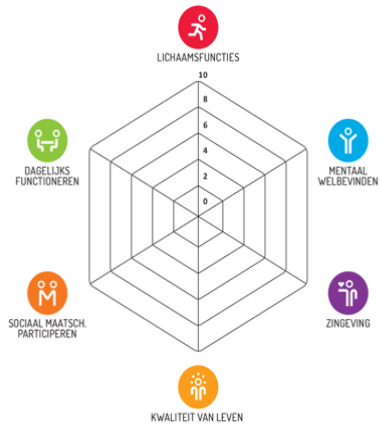
‘Positive Health’

A new, dynamic concept of health

euPREVENT Congres - 23. November 2017

Machteld Huber MD PhD

Limburg aims to become the 1st Positive Healthy Province in NL!



Limburg, de 1^e Positief Gezonde Provincie

KOERS
VOOR EEN
VITALER
LIMBURG



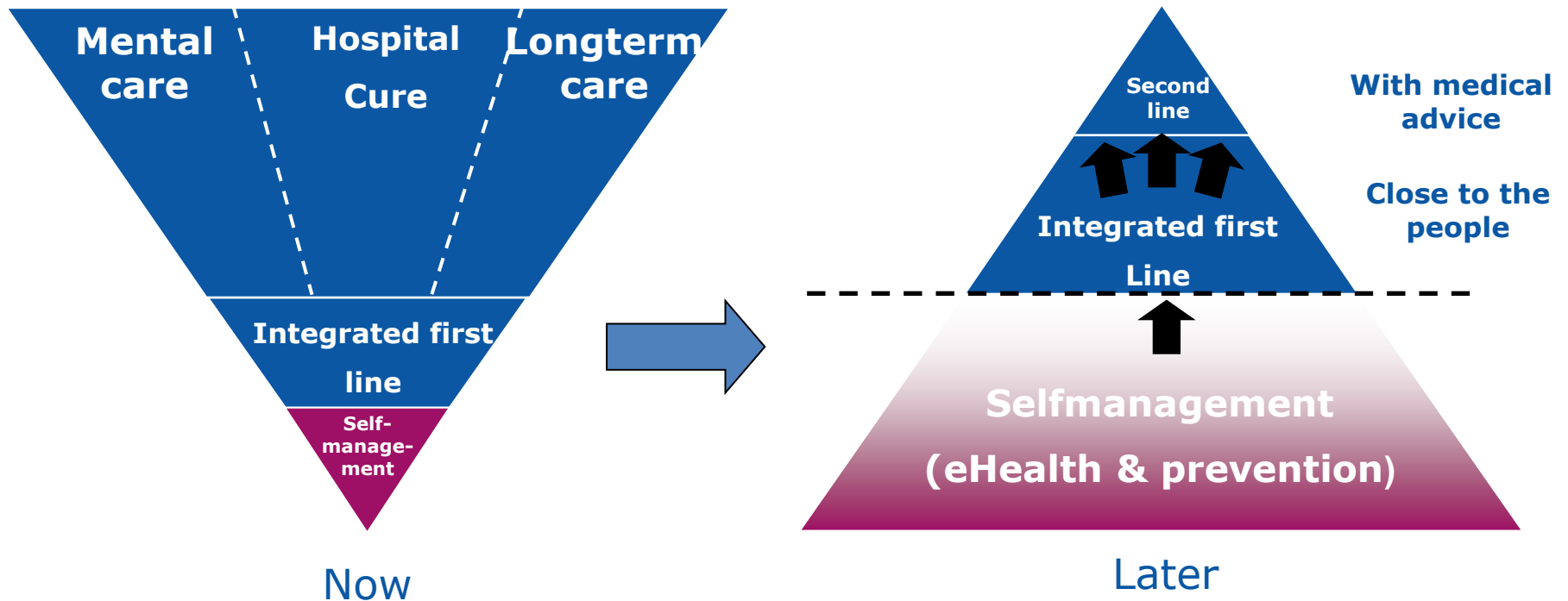
Sociale Agenda Limburg 2025



Plan van Aanpak 2017-2019
Mieke Reynen, Carl Verheijen, Machteld Huber



PERSPECTIVE ON (AFFORDABLE) CARE SYSTEMS IN THE FUTURE



Bron: Menzis, Bas Leerink, Raad van Bestuur

What do we know about HEALTH?

2 perspectives, pointing in the same direction.....

1. BLUE ZONES:

Areas in the world where people get very old without chronic diseases and without mental retardation:



Clues: Eat well, move naturally, get up with a plan & have friends to realize the plan with

2. 'HEALTH' IS STILL DEFINED BY THE WHO-DEFINITION OF 1948:

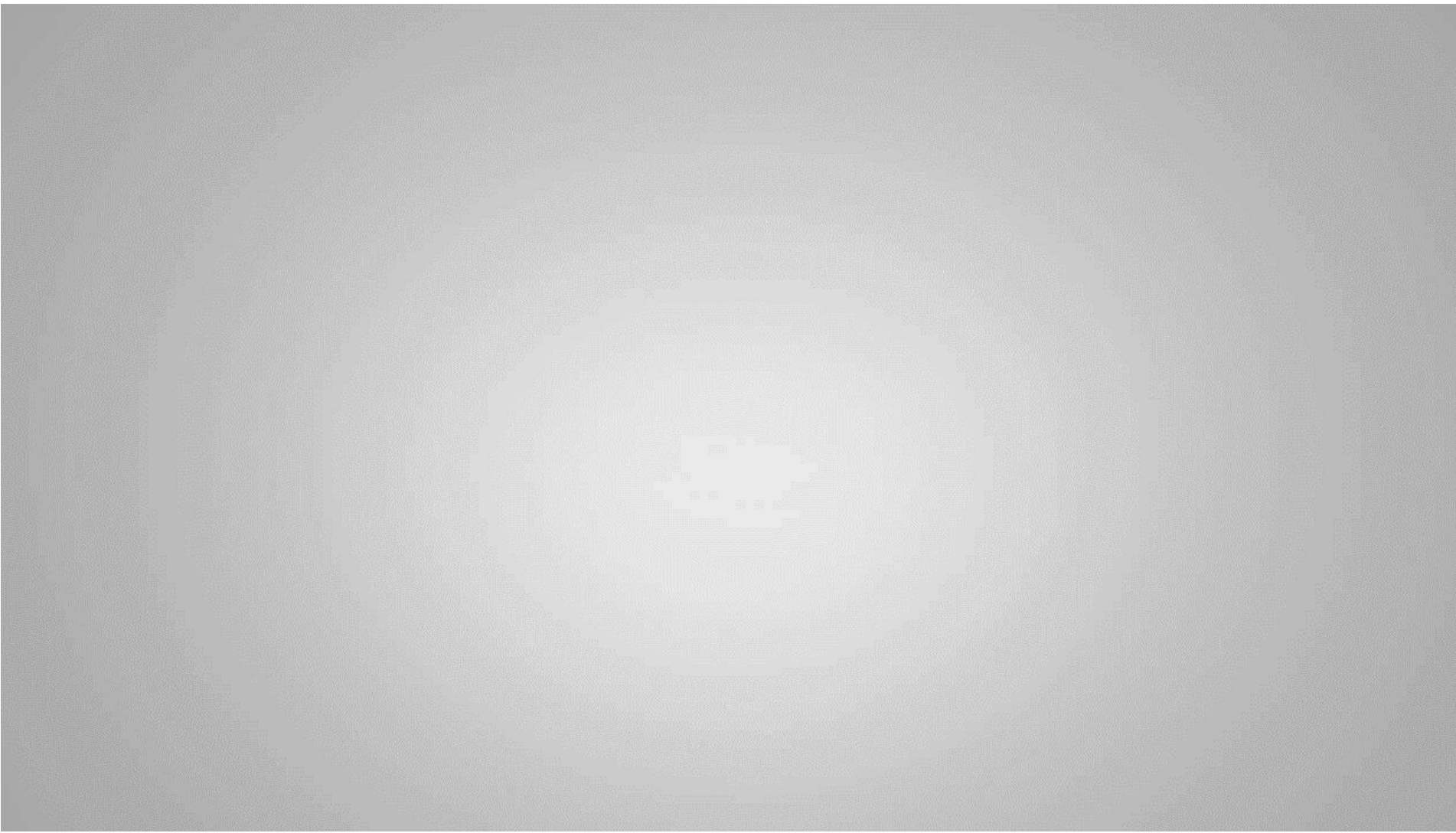
'A state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity.'

Since then often criticized, but never changed.



Pearlfilm

http://youtu.be/qoJ_zywh9uM



PROPOSED AS ‘GENERAL CONCEPT’:



**‘Health as the ability to adapt and to self manage,
in the face of social, physical and emotional challenges’**

Huber M, Knottnerus JA, Green L, et al. How should we define health? [BMJ](#) 2011;343:d4163.



ZonMw

THE FOLLOW-UP STUDY:

The Netherlands Organization for Health Research & Development (ZonMw) asked to evaluate the support for this concept:

**‘Health as the ability to adapt and to self manage,
in the face of social, physical and emotional challenges’**

and work towards operationalisation.



7 STAKEHOLDER GROUPS WERE APPROACHED:

1. Patients
2. Healthcare professionals
3. Policymakers
4. Health Insurances
5. Public Health professionals
6. Citizens
7. Researchers

In a qualitative and a quantitative study.



THE QUALITATIVE PART OF THE STUDY:

In **50 semi-structured** interviews and focus groups 3 questions were posed:

1. What do you consider **positive** and **negative** about this new concept of health?
2. What are to you **indicators** for health?
3. Do your indicators and the concept **match**?

RESULTS OF THE QUALITATIVE PART:

Question 1: Your opinion about the new concept?

Positive:

- *The focus is on **the person**, not on the disease.*
- *As a patient, I feel addressed in **my strength** instead of in my weakness.*
- ***Besides** having a diagnosis, I experience a lot of **healthiness** and that is being addressed by this.*
- *It emphasizes the **potential**.*

RESULTS OF THE QUALITATIVE PART:

Question 1: Your opinion about the new concept?

Negative:

- What about **disease** with this description?
- **Is everybody capable of this?** Large groups do lack the basis health literacy that is needed for this.
- How about the **social environment**, or should everyone manage by him/herself?

ADVISE:

*Take health, not as an aim in itself, but as **a means to**
..... a meaningful life!*



RESULTS OF THE QUALITATIVE PART:

Question 2: Indicators of health

- In total **556 indicators of health** from seven stakeholder domains were collected.
- These were concentrated and **categorized** in a **consensus process** in cooperation with two independent researchers of Research Institute NIVEL.
- This resulted in **six main dimensions** of health, differentiated into **32 aspects**.

RESULTS OF THE QUALITITATIVE PART

The six main dimensions of health:



Bodily functions



Mental functions & perception



Spiritual-existential dimension



Quality of Life



Social & societal participation



Daily functioning

Main dimensions of health and connected aspects:



Bodily functions

- Medical facts
- Medical observations
- Physical functioning
- Complaints and pain
- Energy



Mental functions & perception

- Cognitive functioning
- Emotional state
- Esteem/self respect
- In control/ manageability
- Self-management
- Resilience & 'sense of coherence'



Spiritual-existential dimension

- Meaning/purpose
meaningfulness
- Striving for
aims/ideals
- Future prospects
- Acceptation

Main dimensions of health and connected aspects:



Quality of life

- Quality of life/well being
- Happiness
- Enjoyment
- Perceived health
- Flourishing
- Zest for life
- Balance



Social & societal participation

- Social and communicative skills
- Social contacts
- Meaningful relationships
- Being accepted
- Community involvement
- Meaningful work



Daily functioning

- Basis ADL (Activities of Daily Living)
- Instrumental ADL
- Ability to work
- Health literacy

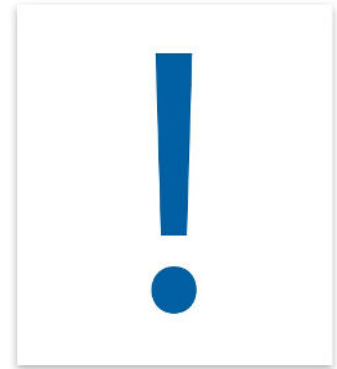
Note: The question was about **indicators**, collected **bottom-up**, but many **patients** mentioned that these factors made them healthy, so identified them also as **determinants**.

RESULTS OF THE QUANTITATIVE PART:

Based on the qualitative results a **survey questionnaire** was established, evaluating the outcomes of the qualitative part.

The response counted 1938 reactions:

- 643 Healthcare professionals (doctors, physiotherapeuts, nurses) (panels)
- 575 Patients (panel)
- 430 Citizens (panel)
- 106 Researchers
- 89 Public health actors
- 80 Policymakers
- 15 Insurers

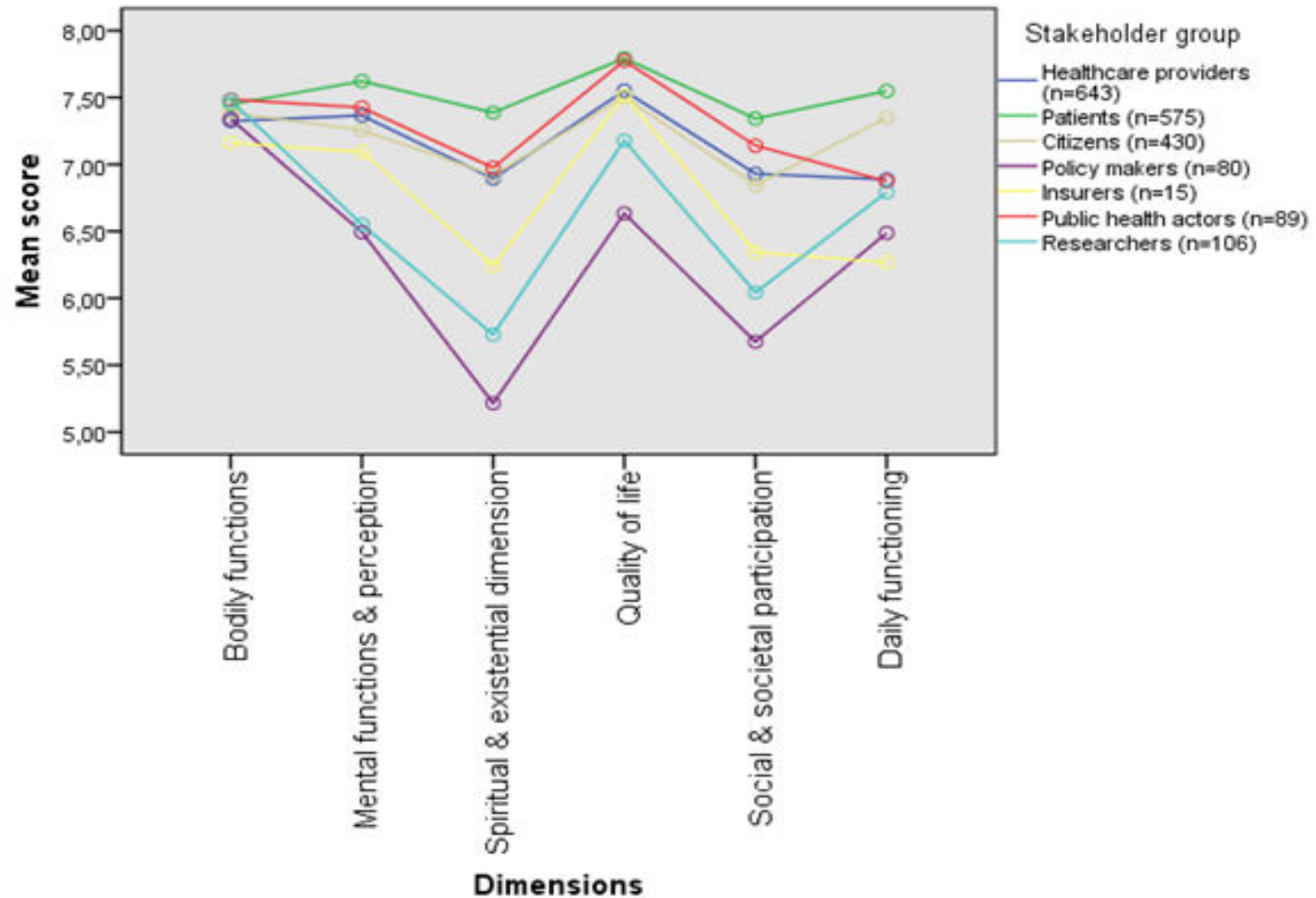


RESULTS OF THE QUANTITATIVE PART:

- Generally the positive and negative opinions were confirmed.
- Concerning the question how important the 32 aspects are as being contained in 'health':

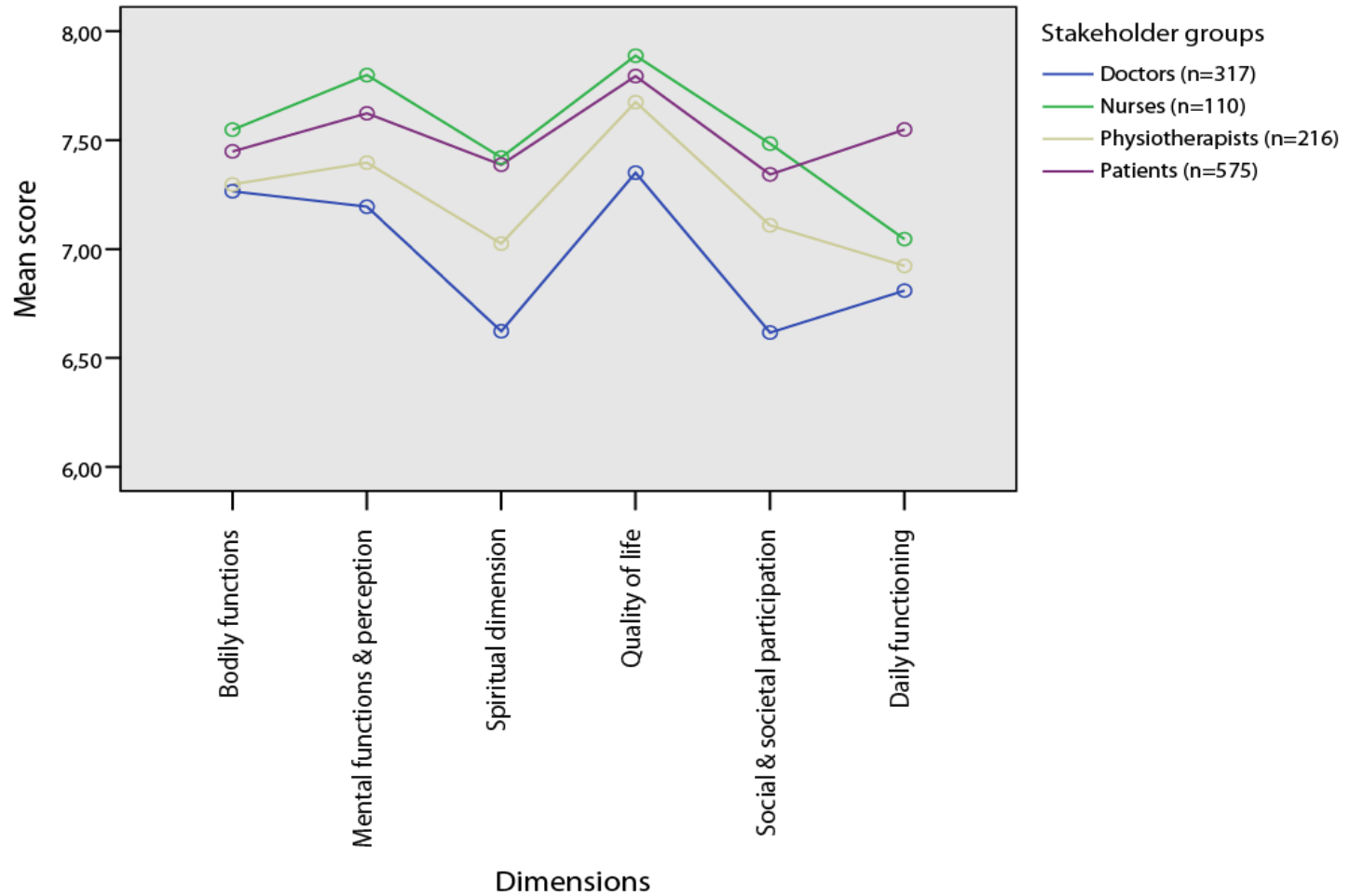
RESULTS OF THE QUANTITATIVE PART

Mean score per dimension for different stakeholder groups

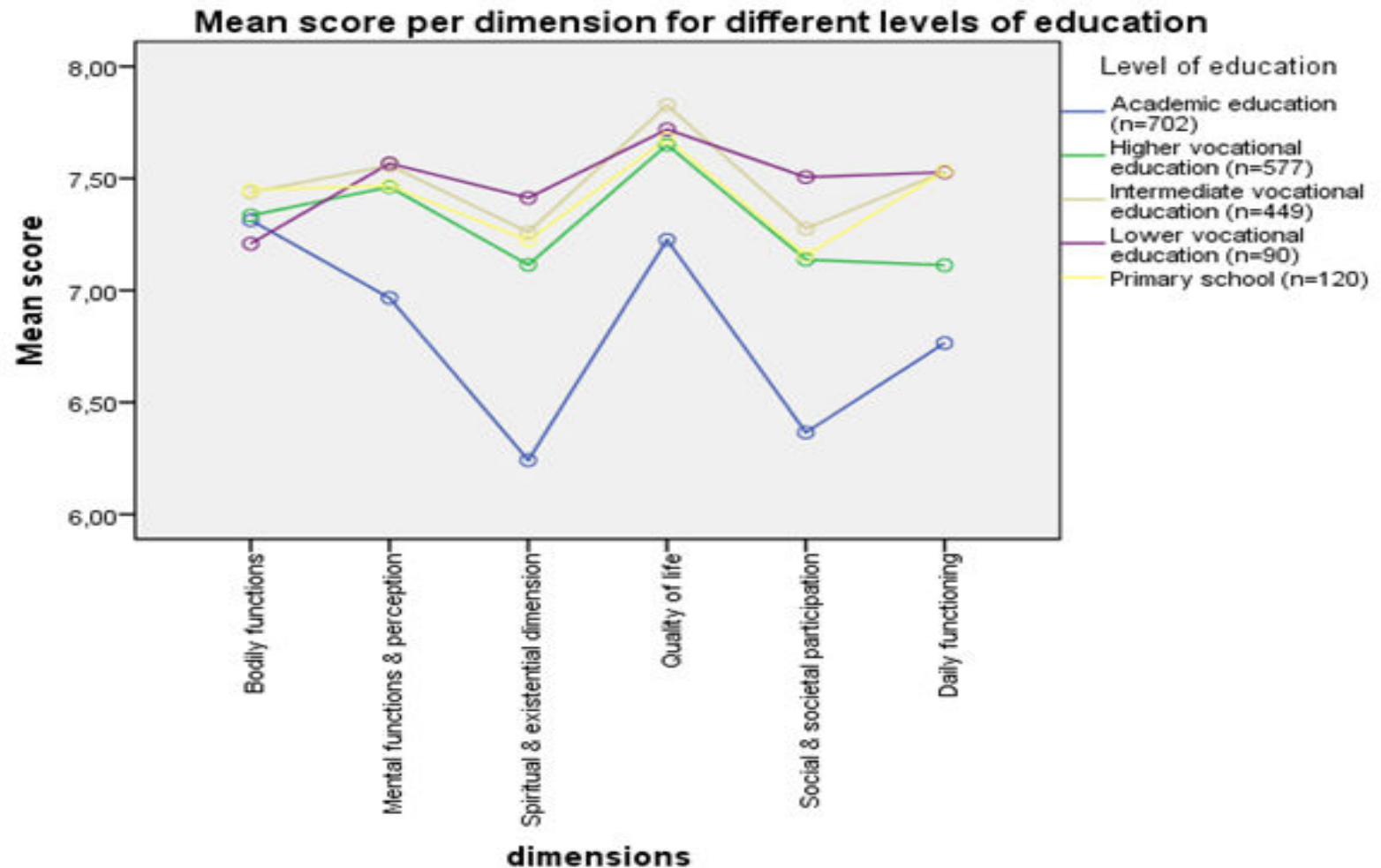


RESULTS OF THE QUANTITATIVE PART

Mean score per dimension for patients and healthcare providers

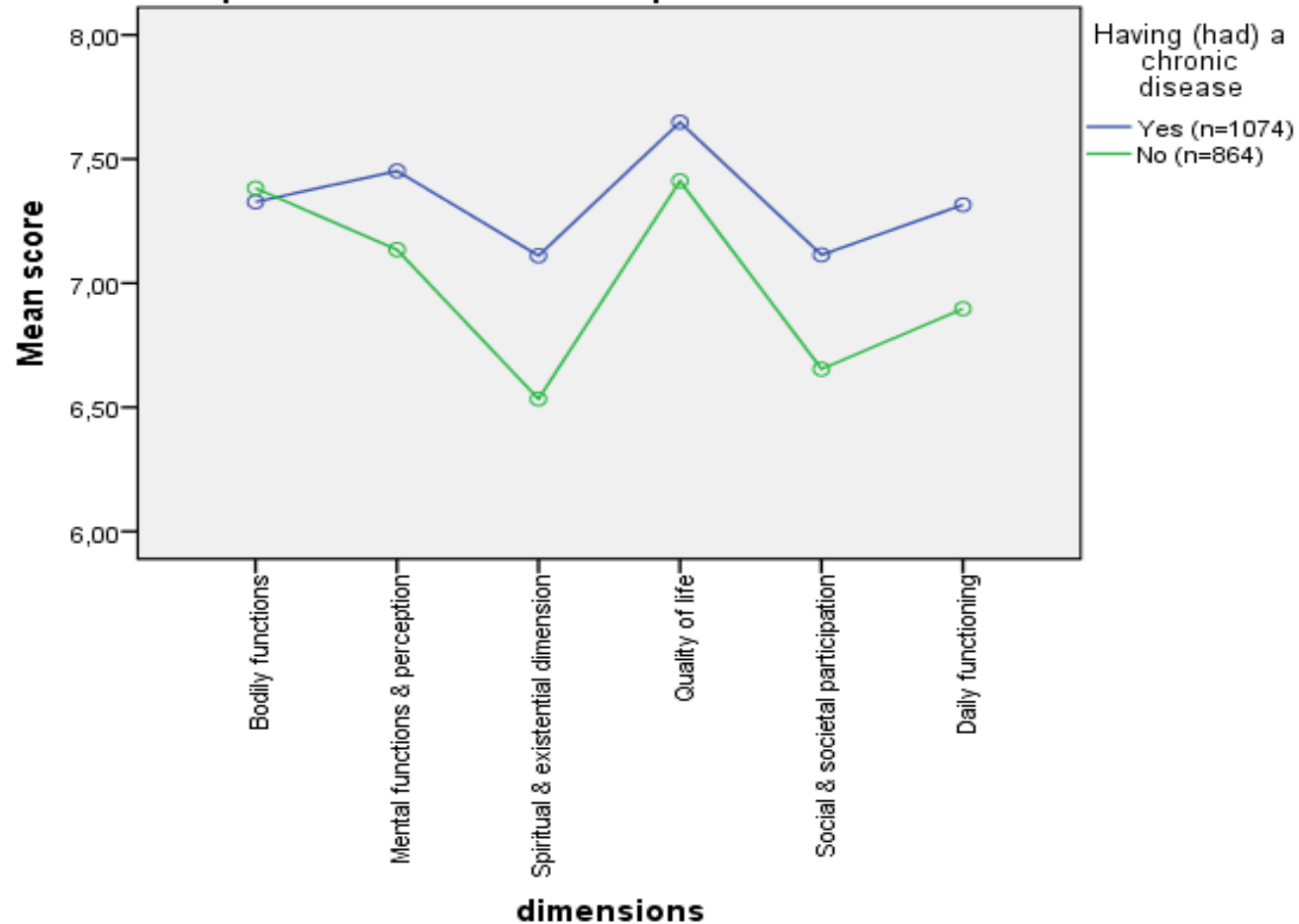


RESULTS OF THE QUANTITATIVE PART



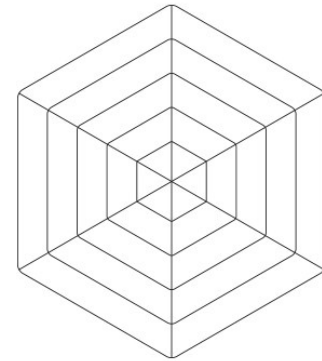
RESULTS OF THE QUANTITATIVE PART

Mean score per dimension for all respondents with or without a chronic disease

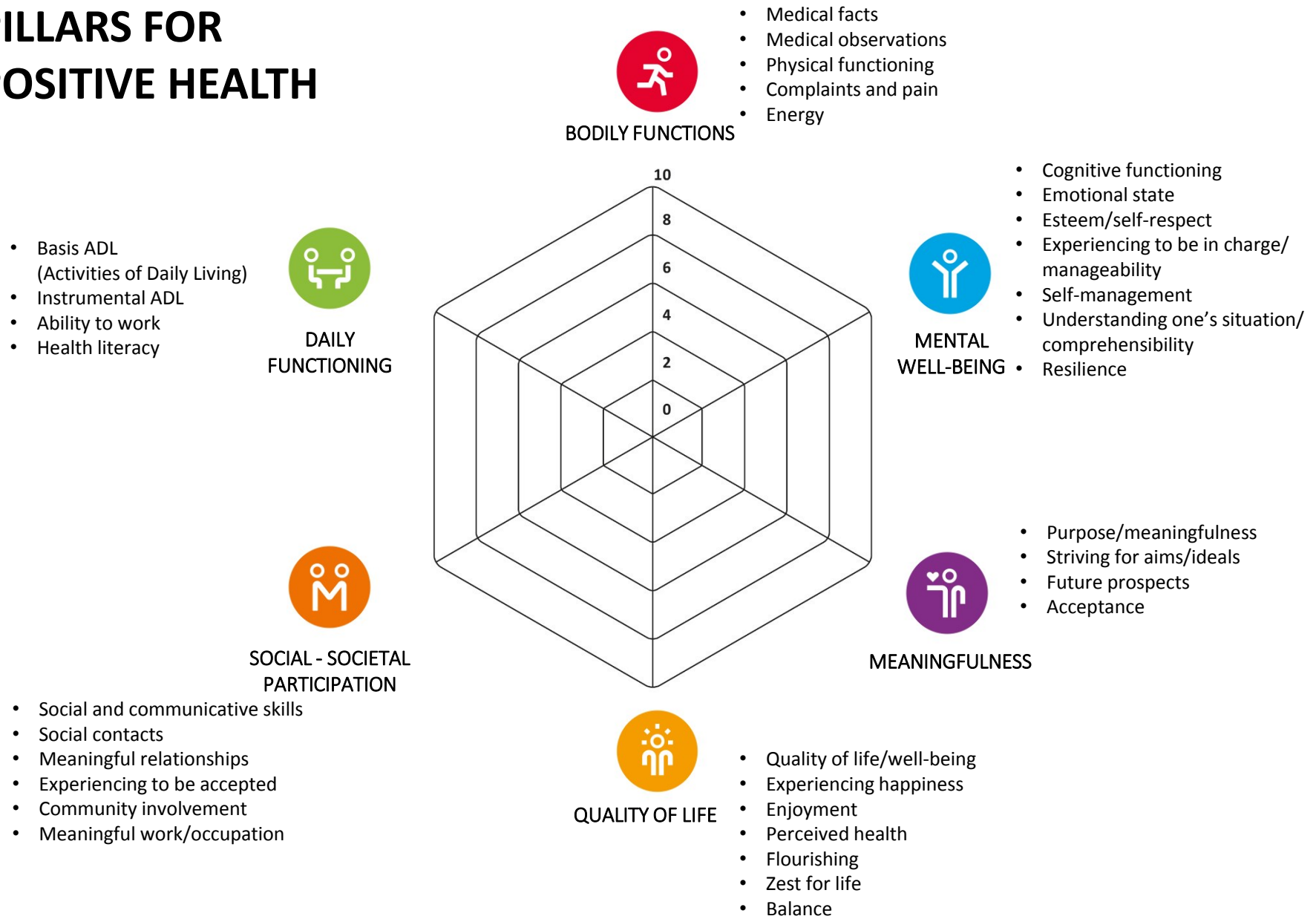


CONCLUSIONS

- **Discrimination** is needed between the '**narrow**' interpretation of '**health as absence from disease**' and the '**broad**' interpretation **with six dimensions**.
- For the **broad interpretation** we did choose the concept of **Positive health!**
- **And visualised** the six main dimensions into a **spiderweb-diagram**



PILLARS FOR POSITIVE HEALTH



ESSENTIE:

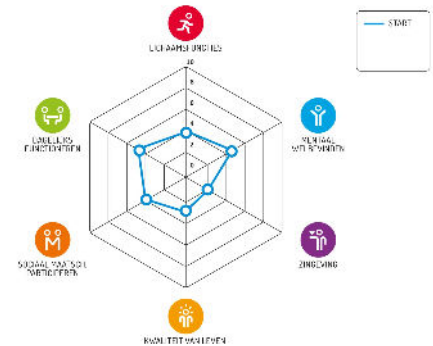
- NO external norm! **Personal evaluation of the situation.**

A 'health surface' becomes visible.

- Question: **What would you like to change?**

Future: connection with e.g. **E-health advises.**

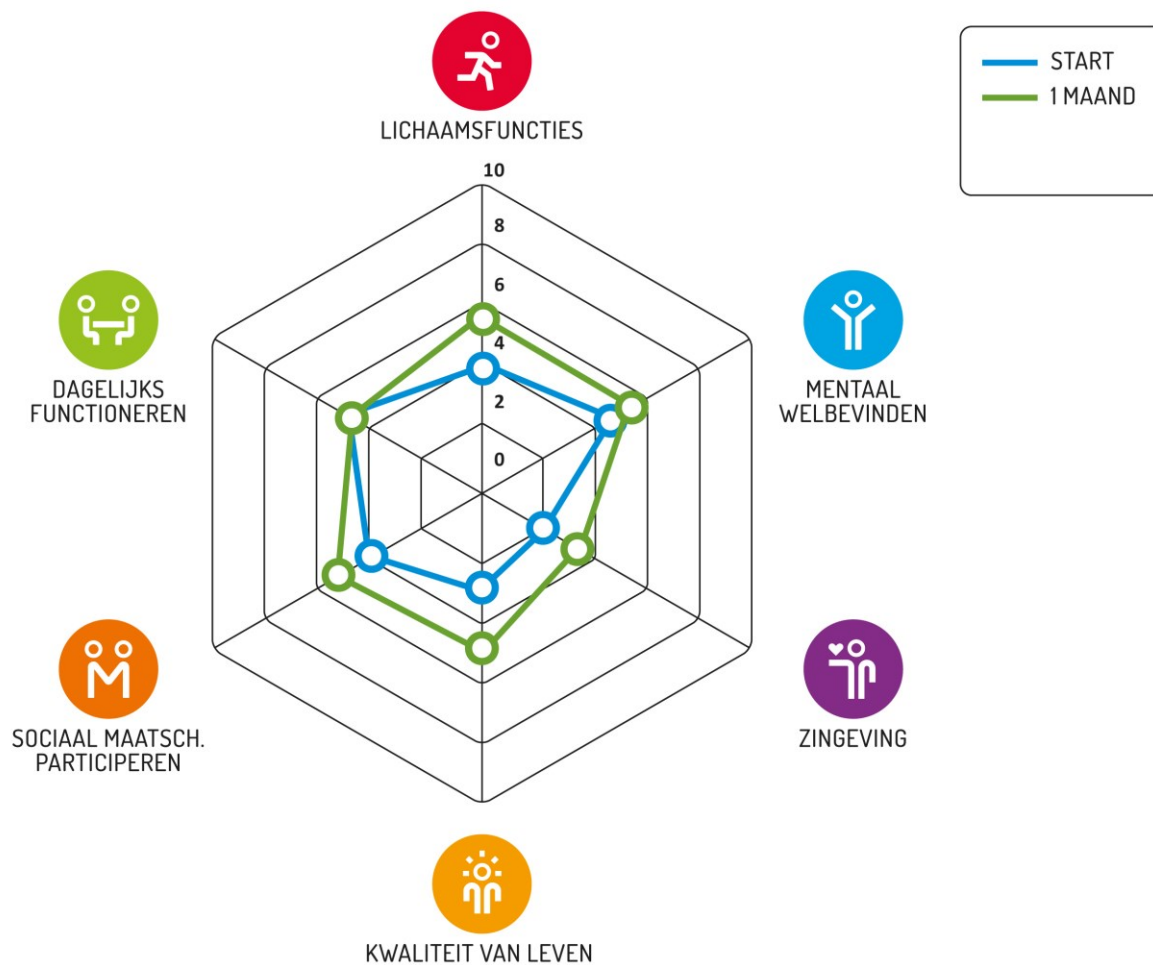
- The score, the 'health surface', could change in the following way:



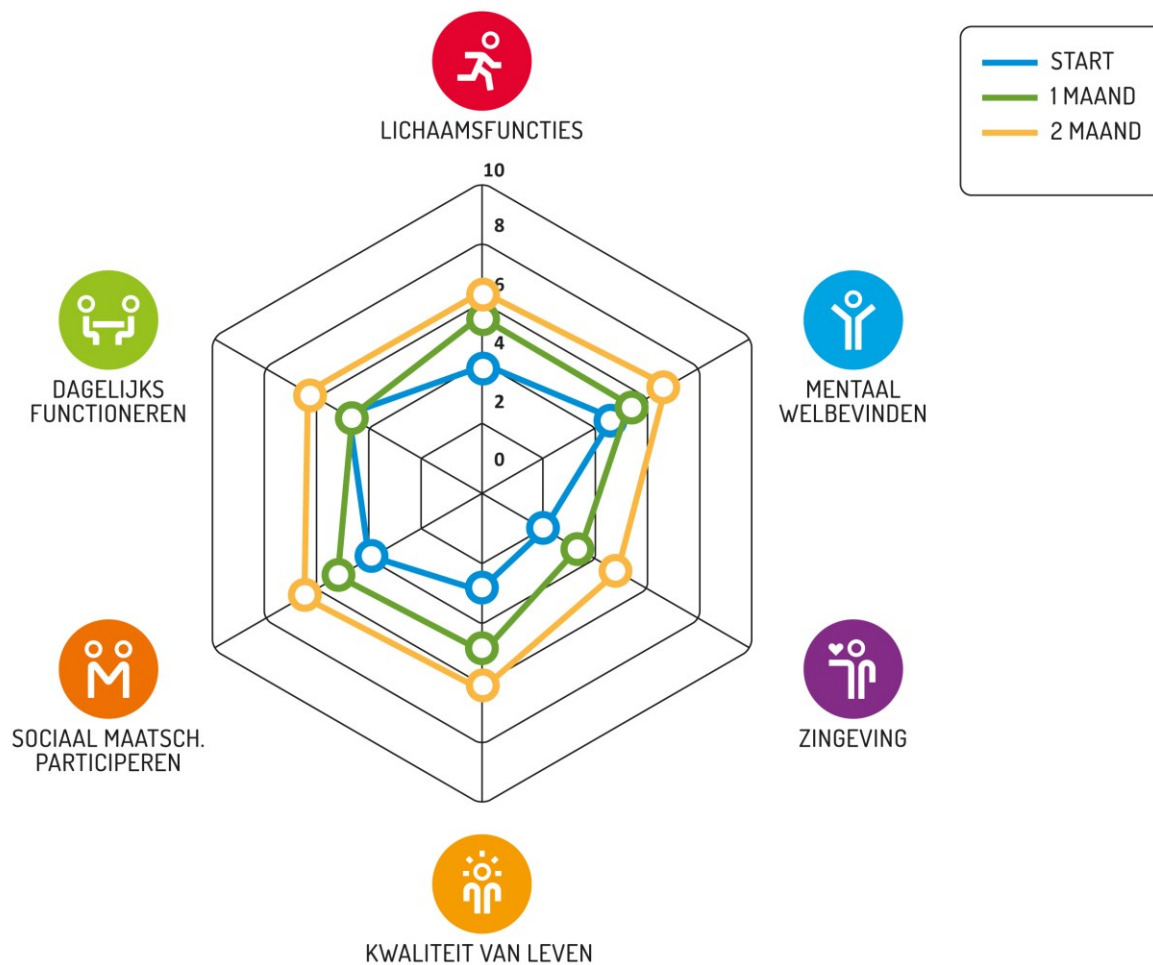
PILLARS FOR POSITIVE HEALTH



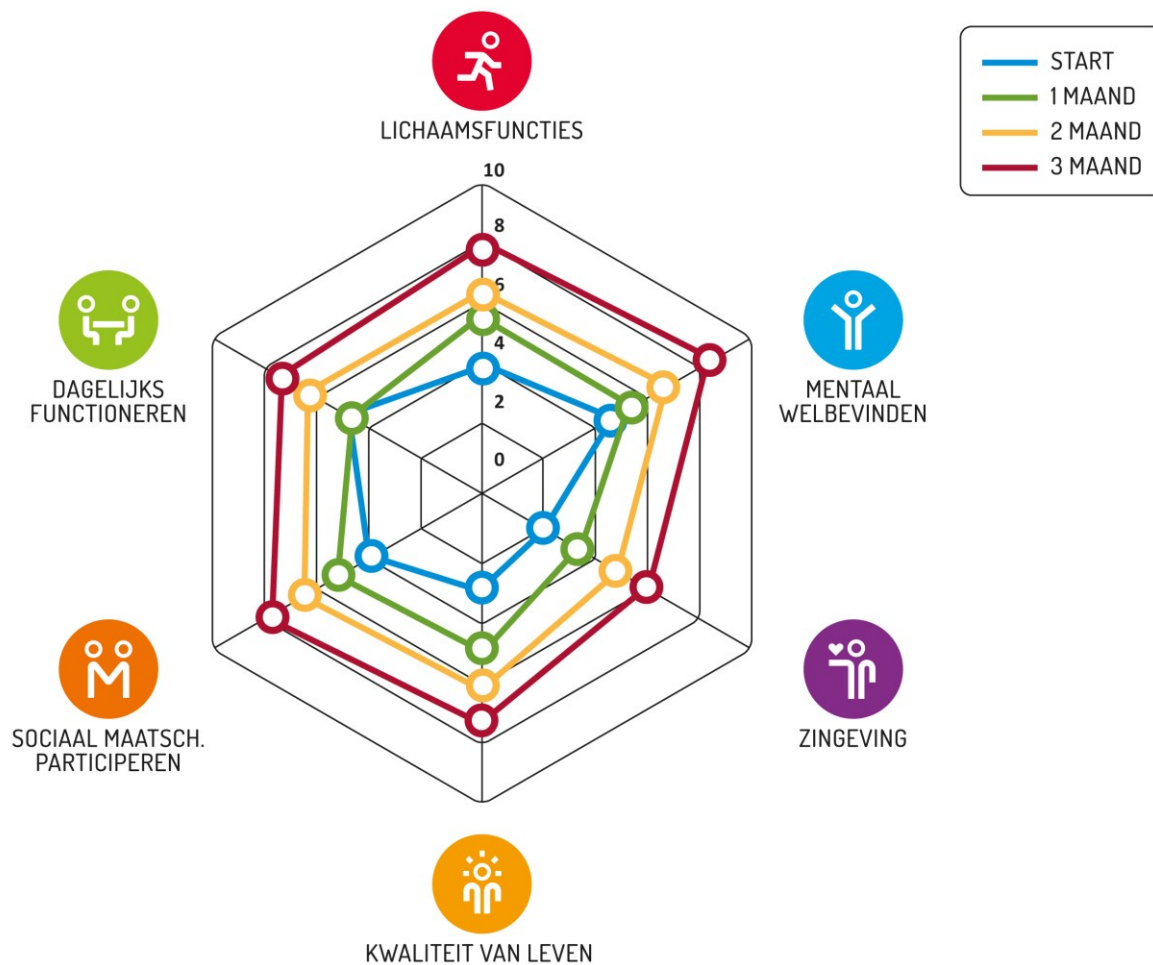
PILLARS FOR POSITIVE HEALTH



PILLARS FOR POSITIVE HEALTH



PILLARS FOR POSITIVE HEALTH



The elaboration into practice in The Netherlands

NEXT STEPS ...

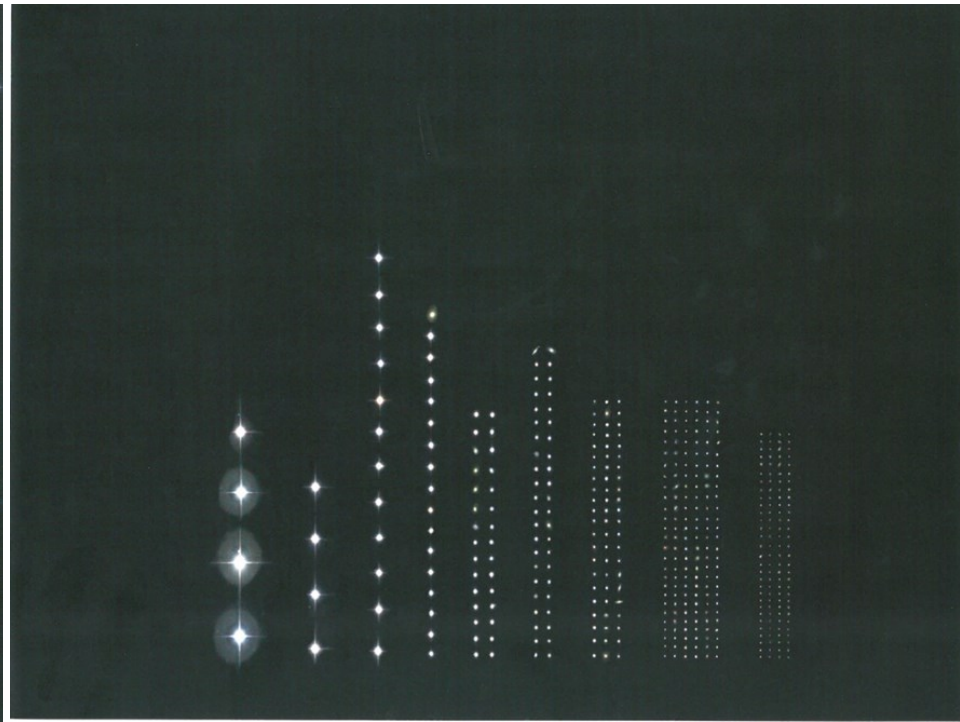
Development of a validated digital measurement tool *Positive Health*, for monitoring and evaluating treatment.

Financed by insurance Company VGZ



But we ran into problems, with the present scientific approach..!

The experienced reality versus the classified reality



NEXT STEPS ...

We developed a **digital ‘dialogue-tool’ with a more simple terminology**, to be used in contact by yourself, in contact with your doctor or with someone else.

Six dimensions with seven questions each and Apps with advise....



www.mijnpositievegezondheid.nl

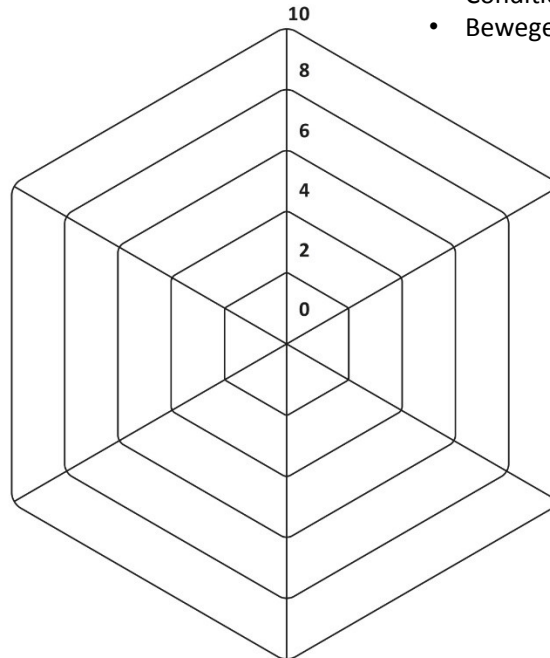
- Zorgen voor jezelf
- Je grenzen kennen
- Kennis van gezondheid
- Omgaan met tijd
- Omgaan met geld
- Kunnen werken
- Hulp kunnen vragen



- Sociale contacten
- Serieus genomen worden
- Samen leuke dingen doen
- Steun van anderen
- Erbij horen
- Zinnvolle dingen doen
- Interesse in de maatschappij



- Je gezond voelen
- Fitheid
- Klachten en pijn
- Slapen
- Eten
- Conditie
- Bewegen



- Onthouden
- Concentreren
- Communiceren
- Vrolijk zijn
- Jezelf accepteren
- Omgaan met verandering
- Gevoel van controle



- Zinvol leven
- Levenslust
- Idealen willen bereiken
- Vertrouwen hebben
- Accepteren
- Dankbaarheid
- Blijven leren



- Genieten
- Gelukkig zijn
- Lekker in je vel zitten
- Balans
- Je veilig voelen
- Hoe je woont
- Rondkomen met je geld

A DIFFERENT APPROACH, & BASED ON THE ADVISE:

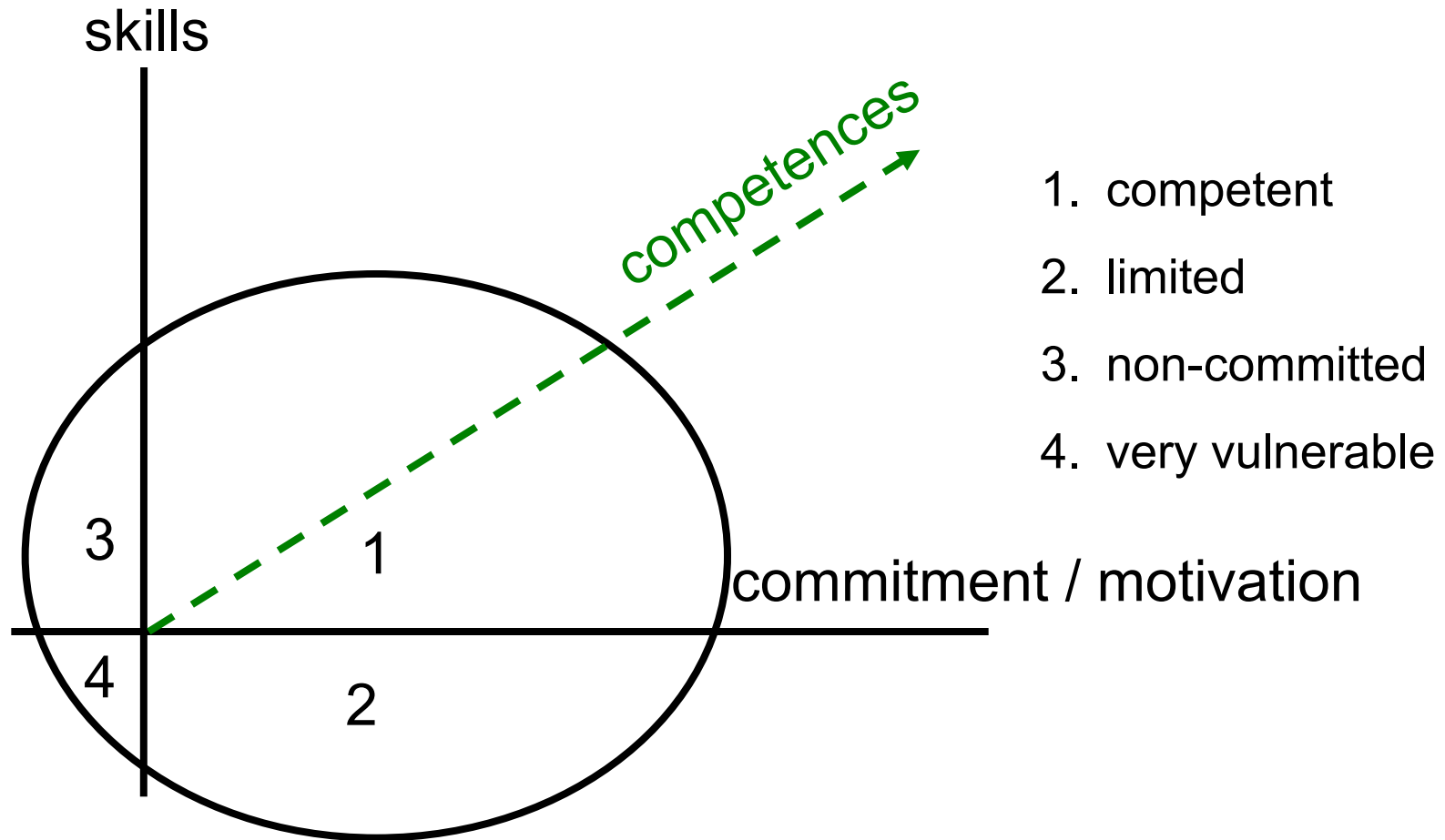
*Take health, not as an aim in itself, but as **a means to**
..... a meaningful life!*

- Connect to what people want, to **what really is important** to them.
- Use **Motivational interviewing** for this. Then find out what they would want to change.
- **Offer perspectives on what can be done** and provide **guidance to them**.



**A motivational approach
is essential!**

Guidance must be fitting, not everybody has the same skills:



Positive Health is about 3 elements:

1. The broad reflection on your life - **‘My spiderweb’**
2. The ‘different conversation’ - **What matters really to you?**
3. The availability of applicable and practical **‘Actions’**
in a broad sense, which **the person choses him/herself**.
And then guide the person....

IN NL GREAT ENTHUSIASM AND SUPPORT ...

Broad enthusiasm to work with Positive Health:

- In Public Health
- Regions / **Province of Limburg**
- GP's & Hospitals
- Homecare
- Professionals – nurses, physiotherapists, Federation of medical specialists
- Longterm care
- Professional education
- **Youth Health Care & Healthy School** > *Childrens tool is in development*
- Patient organisations
- Elderly organisations
- Insurance doctors
- Municipalities
- Refugee care > *a tool for refugees in development*
- City Architects / Landschape architects

MOTIVATION: This works integrating and enhances quality

We help to create the 1st Positive Healthy Province in Limburg!



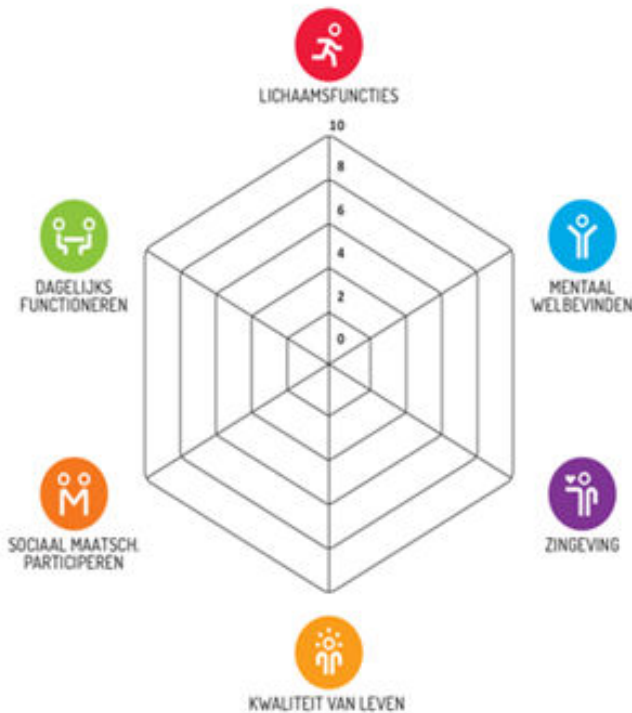
Positive Health:

*Enhancing resilient and meaningful living
.... in a supportive environment!*



My memory card:

What would you like to change?



Thank you for your attention!

www.ipositivehealth.com (sorry, still in Dutch)

www.iph.nl