The power of ‘Positive Health’

About a new concept of health and its elaboration

CM – 1 Juni 2018
Machteld Huber MD PhD
Statement

*We speak about ‘healthcare’, which in fact is ‘disease care’....*
THE DISTRIBUTION OF COSTS
PERSPECTIVE ON (AFFORDABLE) CARE SYSTEMS IN THE FUTURE

Mental care
Hospital Cure
Longterm care

Integrated first line
Self-management

Now

Integrated first line

Second line

Selfmanagement
(eHealth & prevention)

Later

With medical advice
Close to the people

Bron: Menzis, Bas Leerink, Raad van Bestuur
What do we know about ‘Health’?
3 perspectives .....
1. BLUE ZONES

Areas around the world where people get very old (over 100 years) without chronic diseases and without mental retardation:

**Clues:** Nutrition, natural movement, getting up with an ideal and having friends to realize the ideal.
2. Sense of Coherence (SOC) - Antonovsky

People with SOC survive and endure heavy experiences relatively well ....

The essence: people with a **Sense of Coherence** have
- Comprehensibility
- Manageability
- Meaningfulness

**The opposite is:**
- Confusion
- Feeling a victim
- Meaninglessness
3. ‘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
BREAK
Parelfilmpje
http://youtu.be/eNIVJptxJu0
WE PROPOSED A NEW ‘GENERAL CONCEPT’:

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

This concept was evaluated for its support and elaborated towards operationalization.

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?
The evaluation for support in a qualitative study:

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.*
The evaluation for support:

**Negative:**

- *How about illness?* Do you still pay attention to that?

- *Is everybody capable of this?* Large groups do lack the basic 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, physiotherapists, 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

- **Healthcare providers** (n=643)
- **Patients** (n=575)
- **Citizens** (n=430)
- **Policy makers** (n=80)
- **Insurers** (n=15)
- **Public health actors** (n=89)
- **Researchers** (n=106)

Dimensions:
- Bodily functions
- Mental functions & perception
- Spiritual & existential dimension
- Quality of life
- Social & societal participation
- Daily functioning

Mean score range from 5.00 to 8.00.
RESULTS OF THE QUANTITATIVE PART

Mean score per dimension for patients and healthcare providers

Stakeholder groups
- Doctors (n=317)
- Nurses (n=110)
- Physiotherapists (n=216)
- Patients (n=575)
RESULTS OF THE QUANTITATIVE PART

Mean score per dimension for different levels of education

- Bodily functions
- Mental functions & perception
- Spiritual & existential dimension
- Quality of life
- Social & societal participation
- Daily functioning

Level of education:
- Academic education (n=702)
- Higher vocational education (n=577)
- Intermediate vocational education (n=449)
- Lower vocational education (n=90)
- Primary school (n=120)
RESULTS OF THE QUANTITATIVE PART

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

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Yes (n=1074)</th>
<th>No (n=864)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily functions</td>
<td></td>
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<tr>
<td>Mental functions &amp; perception</td>
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<td>Spiritual &amp; existential dimension</td>
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</table>
CONCLUSIONS

➢ **Discrimination** is needed between the ‘narrow’ interpretation of ‘health as absence from disease’ and the ‘broad’ minterpretation 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

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

MENTAL WELL-BEING
- Cognitive functioning
- Emotional state
- Esteem/self-respect
- Experiencing to be in charge/manageability
- Self-management
- Understanding one’s situation/comprehensibility
- Resilience

MEANINGFULNESS
- Purpose/meaningfulness
- Striving for aims/ideals
- Future prospects
- Acceptance

QUALITY OF LIFE
- Quality of life/well-being
- Experiencing happiness
- Enjoyment
- Perceived health
- Flourishing
- Zest for life
- Balance

SOCIAL - SOCIETAL PARTICIPATION
- Social and communicative skills
- Social contacts
- Meaningful relationships
- Experiencing to be accepted
- Community involvement
- Meaningful work/occupation

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

PILLARS FOR POSITIVE HEALTH

QUALITY OF LIFE

MENTAL WELL-BEING

BODILY FUNCTIONS

SOCIAL - SOCIETAL PARTICIPATION

DAILY FUNCTIONING

Balanced approach to overall health and well-being.

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

- Social and communicative skills
- Social contacts
- Meaningful relationships
- Experiencing to be accepted
- Community involvement
- Meaningful work/occupation

- Medical facts
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- Quality of life/well-being
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ESSENCE:

- NO external norm! **Personal evaluation of the situation.**
  
  A ‘health surface’ becomes visible.

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

- Then supporting the person with **actions** that he or she can do themselves.

- The score, the ‘health surface’, could change in the following way:
THIS RESEARCH WAS PUBLISHED AS:


The elaboration into practice in The Netherlands:
NEXT STEPS ...

Development of a validated digital measurement tool Positive Health, for individual use and for monitoring in Public Health.

Financed by insurance Company VGZ

A University Centre started to work on it....
But we ran into problems, with the present scientific approach..!
The experienced reality  versus  the classified reality
NEXT STEPS ...

Instead of a measurement tool we developed now a **digital 'dialogue tool'** with a **more simple terminology**, to be used in contact with your doctor or someone else.

Six dimensions with seven questions each and **Apps with advise**.... (still in Dutch)

[www.mijnpositievegezondheid.nl](http://www.mijnpositievegezondheid.nl)
MY POSITIVE HEALTH

- Feeling healthy
- Feeling fit
- Having complaints and/or pain
- Sleeping pattern
- Eating pattern
- Physical condition
- Exercise

BODILY FUNCTIONS

- Feeling well-balanced
- Feeling safe
- Living conditions
- Having enough money

MENTAL WELL-BEING

- Being able to remember things
- Being able to concentrate
- Being able to communicate
- Being cheerful
- Accepting yourself
- Being able to handle changes
- Having controle

MEANINGFULNESS

- Having a meaningful life
- Being high-spirited
- Wanting to achieve ideals
- Feeling confident about
- Accepting life
- Being grateful
- Continue learning

QUALITY OF LIFE

- Enjoyment
- Being happy
- Feeling good
- Feeling well-balanced
- Feeling safe
- Living conditions
- Having enough money

PARTICIPATION

- Social contacts
- Being taken seriously
- Doing fun things together
- Having the support of others
- Belonging
- Doing meaningful things
- Being interested in society

DAILY FUNCTIONING

- Looking after yourself
- Knowing your limitations
- Knowledge of health
- Managing time
- Managing money
- Being able to work
- Asking for help

www.iph.nl

©Dialogue tool iPH – version 1.0
Positive Health is about **3 elements**:

1. The broad reflection on your life - ‘My spiderweb’

2. The ‘different conversation’ - **What matters really to you?**
   - What would you like to change?

3. The availability of applicable and practical ‘**Actions**’ which **the person chooses him/herself** and **coaching** on that.
What can be the value of this approach?

*In Positive Health the principles of the Blue Zones en the Sense of Coherence are included.*

• It touches nutrition, movement, meaning and social embeddedness
• It helps people to get an overview of their life - comprehensibility.
• It helps people to get grip on their lives - manageability.
• It adresses meaningfulness in the overall approach.
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 > *Childtool was developed*
- 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**
CEO’s of HEALTH INSURANCES SIGN A CONTRACT
Ik voel me goed

Vraag: 1 van 39

Deze vraag overslaan

Volgende

kind.mijnpositievegezondheid.nl
Hoe gaat het met u?

In de wachtkamer vindt u een vragenlijst. Die kunt u invullen en, als u wilt, met uw huisarts bespreken.

Meer informatie is te vinden op:
www.mijnpositievegezondheid.nl
www.iphanl.org

Hoe werkt het?

U geeft een cijfer bij de stellingen. Daarbij gaat het niet alleen om hoe u zich voelt en of u voldoende kunt redden in het dagelijks leven. Heeft u bijvoorbeeld goed contact met familie, vrienden of bekenden? Is er hulp wanneer dat nodig is?

Voelt u zich tevreden, gelukkig of misschien eenzaam? Beleeft u voldoende plezier aan hobby's of andere bezigheden? En luikt het u om alle dagelijkse dingen te doen, zoals koffie zetten, zich wassen of het huishouden doen?

Hieronder ziet u de zes stellingen. U geeft iedere stelling een rapportcijfer van 1 tot 10, waarbij 10 het hoogst is. Dit geeft een beeld van hoe u uw eigen gezondheid ziet. Na het invullen kunt u, als u dat wilt, samen met uw huisarts de stellingen doornemen en de cijfers die u hebt gegeven bespreken.

- Ik voel mij gezond
- Ik voel mij vrolijk
- Ik heb vertrouwen in mijn eigen toekomst
- Ik geniet van mijn leven
- Ik heb goed contact met andere mensen
- Ik kan goed voor mijzelf zorgen
“Samen beter ”
Centrum voor Positieve Gezondheid in Meppel

“Wij werken samen aan uw gezondheid, samen met een team hulpverleners maar vooral samen met u zelf. Door een positieve benadering zetten wij u in uw kracht waardoor u zo prettig mogelijk kunt leven.”

Met meer dan 25 zorgdisciplines binnen de eerste en nulde lijn in huis zijn we in staat een breed aanbod van zorg te leveren.

Doordat wij allen volgens de zelfde visie werken en samenwerken ontstaan er regelmatig nieuwe projecten.

Positieve Gezondheid komt terug in de bouw van het centrum in de vorm van 6 (domein)kleuren vleugels in het gebouw en een centraal ontmoetingsplein.
Positive Health:

Enhancing resilient and meaningful living ....
.... in a supportive environment!
Thank you for your attention!