

How can we measure the quality of life of high-risk groups in Norway?

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Background

- Currently a researcher at NIPH, Division of Health Services
- Norwegian Centre for Addiction Research
- Some overlap between research interests and personal life
 - Research: quality of life, exercise, substance use disorders
 - Personal: distance runner, immigrant in a few countries

How can we measure what we want to measure in a QoL questionnaire?

Strong measurement properties

- Valid
- Reliable
- Responsive

As few barriers as possible for respondents and administrators

- Easy to fill out
- Easy to score
- Easy to understand scores



Extra barriers among inmates and substance patients

+ Less relevant questions?

- «How satisfied are you with your transportation options?»

+ Difficulties reading or concentrating?

- 33% ADHD among substance patients in Norway (Abel et al. 2017)
- 6-14% dyslexia among inmates in Sweden (Samuelsson et al. 2009)

+ Worry that negative answers will have consequences?

- Inherent power imbalances

Among inmates and substance patients in Norway:

- What QoL tools are we using?
- How do they perform compared to a gold standard?
- Can we measure QoL better?

Two national studies of high-risk groups

Substance use disorder patients



- 2012-2015, observational
- N=704
- 21 inpatient and outpatient facilities

Inmates

The Norwegian Offender Mental Health and Addiction Study - NorMA



- 2012-2013, observational
- N=1499
- 57 of 63 prisons
- 3 of 4 reported harmful substance use before prison

Four QoL tools used

1. Single-item
2. QOL5
3. QOL10
 1. Social and overall domains
4. World Health Organization's WHOQOL-BREF (gold standard)
 1. Physical health, mental health, social relationships, environment domains

Minimum standards for QoL tools

International Society for Quality of Life Research

Developing the tool	<ul style="list-style-type: none">• Was there a theoretical model used?• Were participants involved?• Was it piloted?	✓✓✓✓ WHOQOL-BREF WHOQOL-BREF
Using the tool	<ul style="list-style-type: none">• Smallest possible burden to respondents/admins.?• Is it reliable and responsive?• Is it valid?	✓✓✓✓ WHOQOL-BREF ✓✓✓✓
Interpreting the tool	<ul style="list-style-type: none">• Smallest possible assessment burden to administrators?• Can scores be understood?• Is there a minimum importance difference?• Has it been properly translated?	single item ✓✓✓✓ WHOQOL-BREF WHOQOL-BREF

Validity

	<u>Variables tested among our cohorts</u>				
	substance use	mental health	physical health	exercise	social
Single item	X	✓	X	✓	X
QOL5	✓	✓	X	✓	✓
QOL10 social		✓	X	X	
QOL10 overall		✓	X	✓	
WHOQOL-BREF physical		✓	X		✓
WHOQOL-BREF mental		✓	X		✓
WHOQOL-BREF social		✓	X		X
WHOQOL-BREF enviromental		✓	X		✓

Summary

Single-item, QOL5, QOL10,
WHOQOL-BREF

- How do these tools perform?
 - WHOQOL-BREF has highest overall quality
 - All have high validity
- Can we better measure QoL?
 - Yes: more attention to social factors

Recommendations

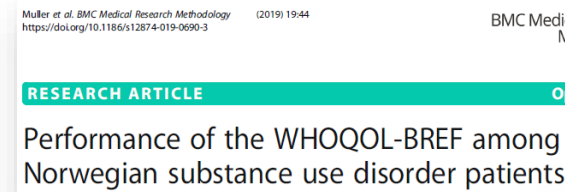
Additional tools to try out in
Norway

- Injecting Drug Users' Quality of Life Scale
- Forensic Inpatients Quality of Life Scale

More information

(https://www.researchgate.net/profile/Ashley_ley_Muller)

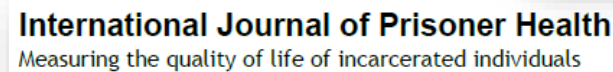
WHOQOL-BREF



QOL10



QOL5



Single item



Reviews of tools

