

Assessing measurement tools of health and wellbeing for evaluating a community intervention

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Background

Those interested in evaluating the effectiveness of community interventions on health and wellbeing need information about what tools are available and best suited to measure improvements that could be attributed to the intervention.

This study evaluated published measurement tools of health and wellbeing that have the potential to be used before and after an intervention.

Methods

A literature search of health and sociological databases was undertaken for articles that utilised measurement tools in community settings to measure overall health, wellbeing or quality of life. Articles were considered potentially relevant because they included use of measurement tools related to general health or wellbeing. These tools were evaluated by further searching of the literature to assess each tool's properties including: reliability; validity; responsiveness; length; use in cross-cultural settings; global health or wellbeing assessment; use of subjective measures; clarity and cost. A composite score was made based on the average rating of all fields.

Results

Of 958 abstracts that were screened, 123 articles were extracted for review. From those articles, 27 measurement tools were selected and assessed.

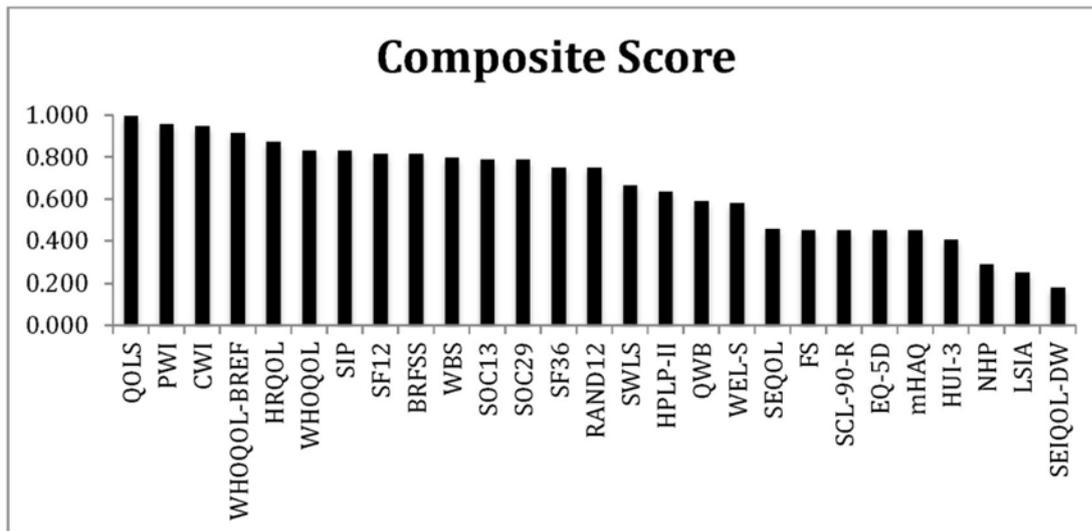
Based upon the composite score assessing across all domains, 5 tools were rated as excellent.

Conclusion

While tools may need to be selected for particular aims and interventions, a range of potential well-described tools already exist and should be considered for use in preference to ad hoc or bespoke tools. Any of the 5 tools rated as excellent are recommended to assess the impact of a community intervention.

Recommendation

1. When doing community interventions do a pre- and post-assessment of a measurement tool. If interested in general health and wellbeing, consider using one of the top 5 tools, (e.g. QOLS, PWI, CWI, WHOQOL-BREF or HRQOL).
2. Each tool has different focus:
 - a. **CWI**: Community rather than individual orientation.
 - b. **PWI**: Very broad questioning, better for wellbeing.
 - c. **WHOQOL-Bref**: Detailed assessment, measures Activities of Daily Living.
 - d. **HRQOL**: Broad Picture Based Tool, useful for chronic disease.
 - e. **QOLS**: Compares individual to an ideal standard:
 - i. Happily married with children,
 - ii. in a fulfilling job,
 - iii. engaging with the community,
 - iv. having good opportunities for recreation,
 - v. with material comforts and
 - vi. having good friends.



Presenter

Dr Mithilesh Dronavalli is a public health medicine registrar with the Australian Faculty of Public Health Medicine. He is currently based as a researcher at The Western Australian Centre for Rural Health (UWA) in Geraldton. Alongside a medical degree he has also obtained extensive training and qualifications in biostatistics and epidemiology. He holds a first class honours in biostatistics, a Master of Biostatistics and an MPhil in Epidemiology. Mithilesh has consulted on many projects involving the analysis of clinical data. He has experience in teaching scientists and clinicians research methods. He is a published author who has carried out many presentations on clinical research. He has also had some experience in mental health as a psychiatry registrar. Mithilesh was born in India, carried out schooling in Sydney and has lived in Australia for the last 24 years. He is currently enjoying his stay in Geraldton and is loving the experience of a regional town. He aims to be a public health physician specialising in the field of biostatistics and epidemiology. He will start his PhD in biostatistics next year at The University of Western Australia.