



Authors: M Kuharic, AL Monteiro, AS Pickard

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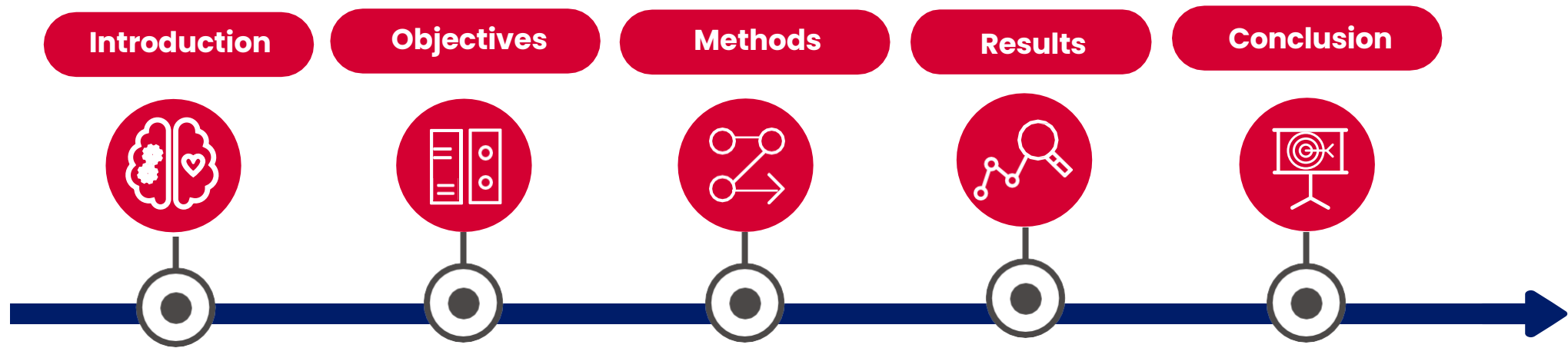
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A comparison of newly developed EQ-HWB-S to the ASCOT and EQ-5D-5L as an outcome measure for caregivers

Maja Kuharic, MPharm, MSc, PhD Candidate

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Introduction

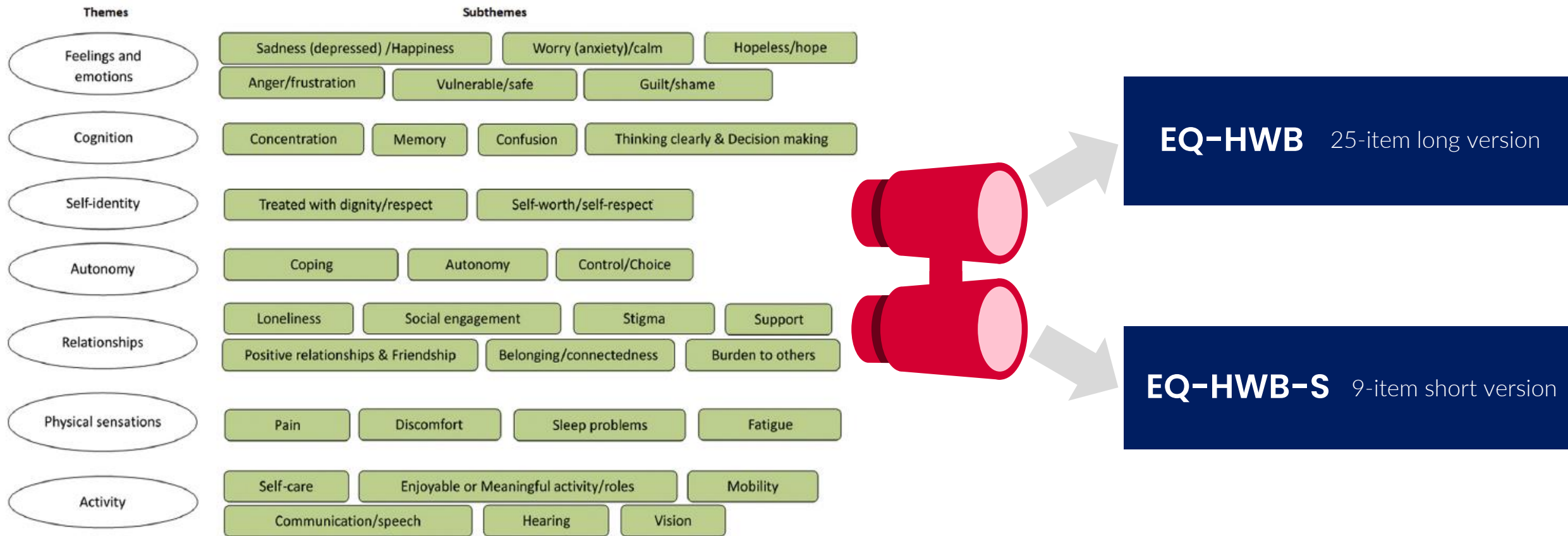


The EQ Health and Wellbeing Short version (EQ-HWB-S) was developed as a measure of health and well-being for patients and caregivers for evaluating interventions in healthcare, public health, and social care.



To date, little work has been done on its performance as a measure in caregivers, and how it compares to other measures intended to capture outcomes in social care such as the Adult Social Care Outcome Tool (ASCOT).

The EQ-HWB (Health and Well Being)



'Extending the QALY beyond health' project partners

Funders

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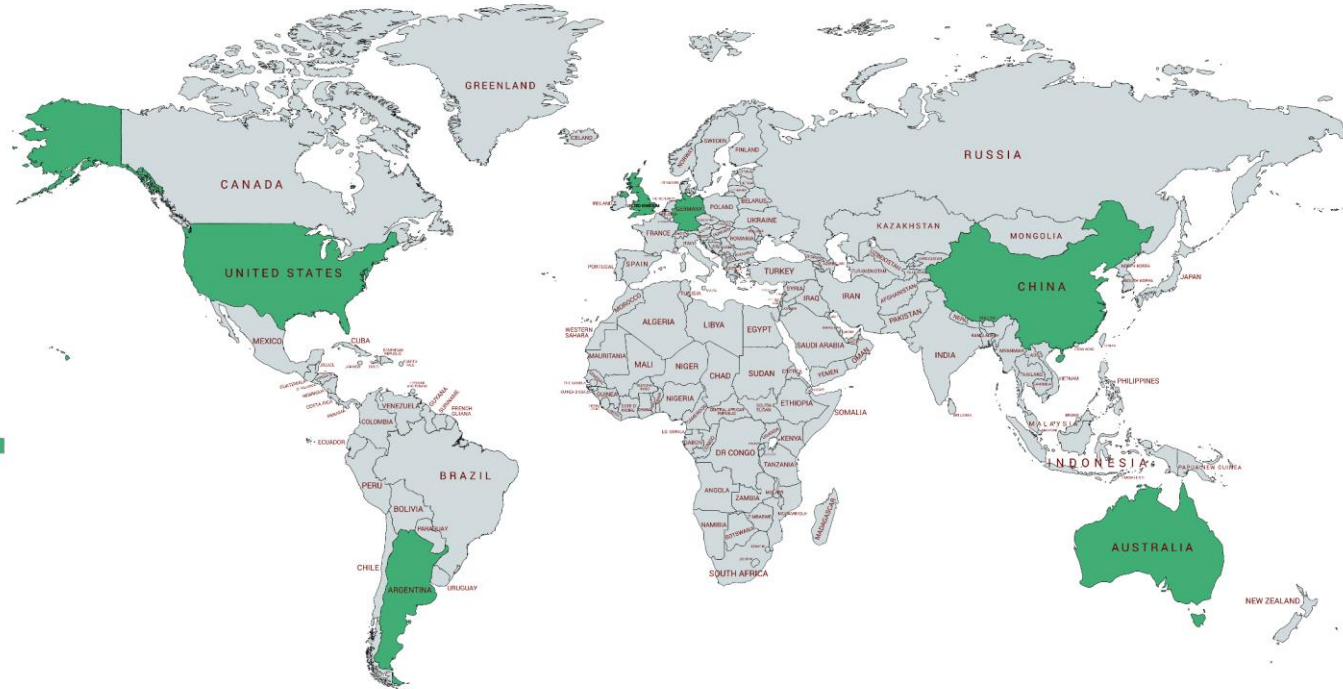
Germany: University of Bielefeld
Wolfgang Greiner, Simone
Kreimeier, Kristina Ludwig,
Ole Marten

The University of Sheffield (UK)
John Brazier, Clara Mukuria,
Donna Rowen, Aki Tsuchiya, Jill
Carlton, Mónica Hernández,
Janice Connell

The University of Kent (UK)
Karen Jones, Stacey Rand

University of Melbourne
Nancy Devlin, Tessa Peasgood

NICE
Rosie Lovett, Bhash Naidoo,
Juan Carlos Rejon-Parilla



Governance & consultation groups

**Advisory
Group**
academics,
wide range
stakeholders

**Steering
Group** key
stakeholders
& academics

**Public and
Patient
Involvement
Group (UK)**

**EuroQol
Research
Foundation**

**Members of
NICE
Citizen's
Council (UK)**

The EQ-HWB-S (Health and Well Being Short)



Get Around



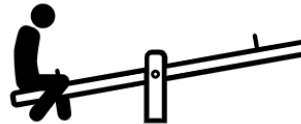
Activities



Physical Pain



Exhausted



Lonely



Control over daily life



Concentrating/
thinking clearly



Anxious



Sad/Depressed

Adult Social Care Outcomes Toolkit (ASCOT)

Measures domains of quality of life most affected by social care across 8 domains



Food & drink



Personal cleanliness & comfort



Dignity



Personal safety



Social contact & participation



Occupation



Accommodation cleanliness & comfort



Control over daily life

EQ-5D-5L



Objectives



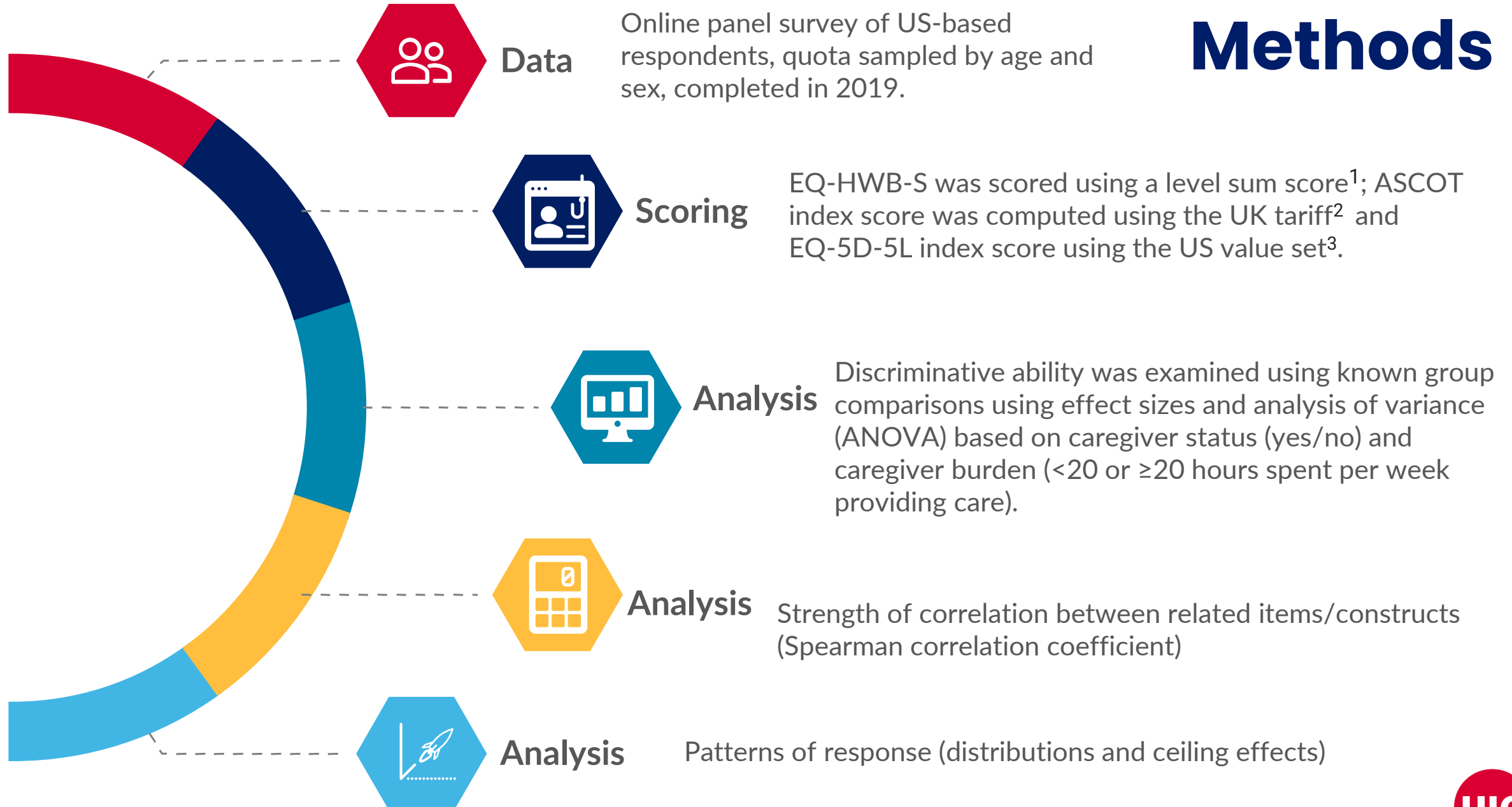
1

Examine measurement properties of the EQ-HWB-S in relation to the ASCOT

2

Compare the discriminative ability of EQ-HWB-S, EQ-5D-5L, and ASCOT based on caregiver status and caregiver burden

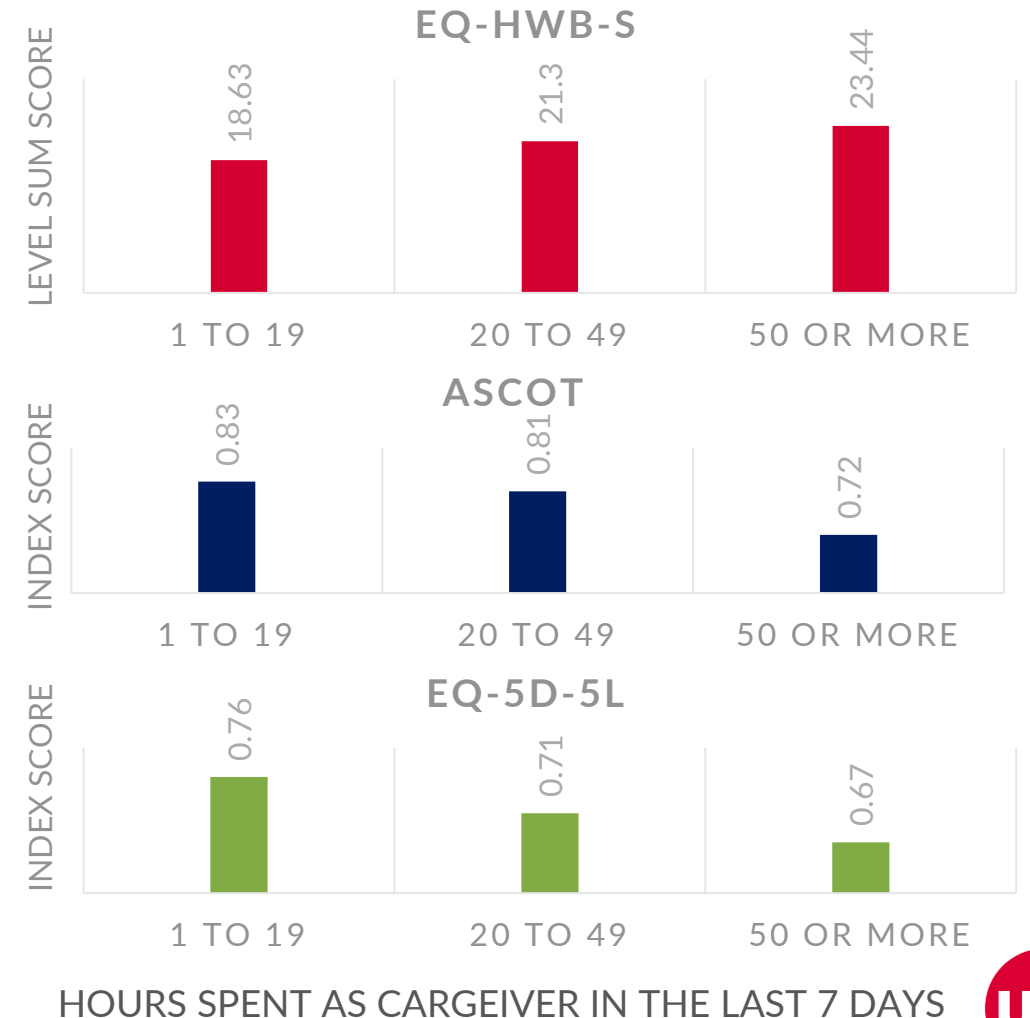
Methods



Results: caregiver characteristics

Characteristic (N=196)		N	%
Age Group	Age [mean (SD)]	50.8	16.9
	18-34	43	22.1
	35-64	99	50.8
	65+	53	48.2
Gender	Male	102	52.0
	Female	91	46.4
	Other	3	1.5
Education	High school or less	41	20.9
	Above high school	155	79.1
Ethnicity Race	Hispanic	28	14.3
	White	167	85.2
	Asian	3	1.5
	Black	22	11.2
	Other	6	3.1
Health Status	Any mental health problem	51	26.0
	Any physical health problem	136	69.4
Instruments	EQ-5D-5L [mean (SD)]	0.72	0.26
	ASCOT [mean (SD)]	0.80	0.22
	EQ VAS [mean (SD)]	70.4	19.6

Descriptive statistic of survey instruments by caregiver burden (by hours caregiving)



Results: Association between EQ-HWB-S and ASCOT (N=196)

EQ - H W B - S										
	Item	Get Around	Day-to day Activities	Exhausted	Lonely	Concentrating/ Thinking Clearly	Anxious	Sad/ Depressed	No control	Physical pain
A S C O T	Control over daily life	.28	.39	.39	.34	.39	.41	.45	.52	.24
	Personal cleanliness and comfort	.37	.46	.37	.40	.38	.40	.39	.47	.22
	Food and drink	.32	.42	.36	.38	.36	.42	.35	.46	.22
	Personal safety	.25	.35	.31	.42	.29	.45	.40	.45	.21
	Social participation and involvement	.27	.32	.43	.51	.40	.45	.48	.49	.25
	Occupation ('doing things I value and enjoy')	.26	.36	.38	.37	.33	.40	.42	.47	.33
	Accommodation cleanliness and comfort	.22	.34	.34	.35	.29	.39	.42	.37	.21
	Dignity ('having help makes me feel')	.08	.11	.06	.06	.10	.04	.05	.11	.14
	Dignity ('the way helped makes me feel')	.20	.22	.23	.23	.21	.23	.25	.29	.13

- Strong associations ($r_s > 0.5$) were found between conceptually overlapping dimensions ASCOT and EQ-HWB-S items: "Control" and "No control" or related dimensions ("Social situation" and "Lonely").
- Seven EQ-HWB-S items ("Activities", "Exhausted", "Lonely", "Concentrate"/"Thinking clearly", "Anxious", "Sad" and "Control") had moderate to strong (r_s 0.30 to 0.50) correlations with related ASCOT items ("Control", "Clean and presentable", "Food", "Safe", "Social participation", "Occupation", "Clean home").
- All correlations were statistically significant ($p < .001$) except ASCOT "Dignity" items.

Results: Discriminative ability of EQ-HWB, ASCOT and EQ-5D-5L

	F-Value			F-Ratio			Effect Size		
	EQ-HWB-S	ASCOT	EQ-5D-5L	EQ-HWB-S/ASCOT	EQ-HWB-S/EQ-5D-5L	EQ-5D-5L/ASCOT	EQ-HWB-S	ASCOT	EQ-5D-5L
Caregiver status (yes/no)	16.66	11.88	7.23	1.40	2.30	0.61	0.34	0.29	0.23
Caregiver burden (<20 or ≥20 hours spent per week providing care)	9.53	1.64	1.51	5.81	6.31	0.92	0.47	0.20	0.19

- The EQ-HWB-S summary score tended to be able to better discriminate than ASCOT and EQ-5D-5L index score based on caregiver status and caregiver burden.
- EQ-5D-5L index score was less discriminating than ASCOT index score across caregiver status and burden.
- The EQ-HWB-S detected stronger effect sizes than ASCOT and EQ-5D-5L across caregiver status and burden.

Conclusion

Validity



Results indicate a convergence between the EQ-HWB and ASCOT, especially between overlapping dimensions, lending support to the validity of the **EQ-HWB-S to assess social care needs**. Initial evidence provide evidence of the **validity of the EQ-HWB-S as an outcome measure for caregivers**.

Economic Evaluation



All measures (EQ-HWB-S, ASCOT, EQ-5D-5L) demonstrated discriminative ability among people who provide caregiving. The EQ-HWB-S tended to outperform both the ASCOT and EQ-5D and highlights **its future potential to be used as a measure in economic evaluation across sectors**.



Maja Kuharic
mkuhar2@uic.edu

