

University of Birmingham Institute of Advanced Studies
Work, Wealth and Well-being Workshop 2
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‘Evidence-Networking’ Improvement of Well-Being

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“Wellbeing”

[as I’m using the term]

all aspects of one person’s

objectively measured state of

Satisfaction with Life

Quality of Life

Health and Wealth and Happiness

This approach also includes all controllable influences on QoL, whether at work or at leisure [when at home or when out].

Personal Wellbeing
[Good] Quality of Life for the Individual
Perceived closeness to desired state
(in objective personal sensitivity* units)

NOT any of the types of mis-named “objective wellbeing”

- health specified by medicine
- wealth measured by economics
- happiness scored on psychometric constructs

NOT “subjective wellbeing” – personal wellbeing is objective

Emerging change in terminology:

from “[subjective] wellbeing” to “life satisfaction”

cf. minimum ‘important’* improvement e.g., Masood, ... Newton ’12

**Note:* “importance” scores are merely how you choose to use the word;
[high] sensitivity is the measured performance of your scores’ on a word
at detecting differences in an aspect of reality
(wellbeing, practices or influences on practices)

**MEASURE EFFECTS ON WELLBEING OF CHANGES IN PRACTICES
and *vice versa*, plus influences on those activities**

Relevance to IAS **Work, Wealth and Wellbeing** (2013 Workshop)

CCWS Methodology & Theory – Crosscutting

Are current measures and tools suitable and robust? [Are more needed?]

How to quantify concepts of WWW and relationships between them?

*WS1 Optimising Health, [other] Well-Being and Performance
in Diverse and Ageing Workforces*

What workplace interventions should be designed and implemented to
minimise the [adverse] effect[s] of ... [specified] work activities?

.... how do ... [motivating] influences change as people age?

How does work impact on health [through specific regular activities]?

[Hence] ways ... to improve work capability in chronic health conditions.

Challenges: measurement; £ for research and pilot-implementation

WS3 Lifecourse Analysis

How best enable people to manage work at different points in lifecourse?

WS2 Human Capital, Earnings and Wellbeing

[Are] there clear relationship[s] from work [practices] to income, [health]
and [happiness]?

Work, Wealth and Wellbeing

Each work stream calls for objective, quantitative measures of one or more of three culturally recognisable entities required for causal evidence on improvement of wellbeing:-

- (1) Self-monitored aspects of health, wealth and happiness.
- (2) Common and frequent activities of individuals at work,
alone or with others.
- (3) Specified aspects of the contexts of each activity within
 - (a) types of workplace,
 - (b) categories of diversity
 - (c) stages in the life-course, such as age.

For causal analysis,
these demographic categories need to be realised as subcultures –
here termed 'locales', cp. 'localisation' of context-sensitive ICT programs.

Examples

“Evidence-networking improvement of wellbeing” is highly generic.

The approach as a whole is also radically innovative.

Hence the priority has to be on conveying the basic ‘concept,’ else the words in the examples will be misread in mainstream terms.

Decent examples can only emerge from interactions at the workshop.

Some preliminary and fragmentary examples

just from reading the WWW’13 website

from a remark at w/s

Workplace performance

Wrist pain (?RSI)

Outcomes (changes in wellbeing)

Satisfaction with my life overall

ditto

Overall satisfaction with my job

ditto

Raised salary

Discomfort in each wrist

Satisfaction with particular colleagues’
specified activities, attitudes, etc.

Functioning by each wrist

Back pain

....?

....?

Practices (widespread habits)

Arrive after [9]am

Keyboard vs mouse when browsing

Leave before [5]pm

ditto text processing

Meet a colleague at the desk

Cushion in front of keyboard

Go to lunch with colleague(s)

Forearm exercising

Thinking about work at home

...?

... ?

... ?

Causal Evidence Required

EFFECTS OF CHANGES IN PRACTICES ON WELLBEING

[and *vice versa*: EFFECTS OF CHANGE IN WELLBEING ON PRACTICES)

plus

MEASURE INFLUENCES ON CHANGES IN PRACTICE

-especially the causes of relapsing

i.e. three cause-effect pathways through an individual's life within a culture

Causal Evidence Required

EFFECTS OF CHANGES IN PRACTICES ON WELLBEING

B → C

[and *vice versa*: EFFECTS OF CHANGE IN WELLBEING ON PRACTICES)

C → B

plus

A → B

MEASURE INFLUENCES ON CHANGES IN PRACTICE

- especially the causes of relapsing

an updating of

*** [Antecedents →] Behaviour → Consequences ***
[B ← C]

The N = 1 experimental designs and Personal Measurements developed by the early academic clinical psychologists inspired much of the design of this 'enABLE' approach. (Unfortunately those approach either got buried in group statistics or become disconnected from reality (*sic*) in merely interpretative / phenomenological studies argued over by scholars.)

Causal Evidence Required
EFFECTS OF CHANGES IN PRACTICES ON WELLBEING
[and *vice versa*: EFFECTS OF CHANGE IN WELLBEING ON PRACTICES)
plus
MEASURE INFLUENCES ON CHANGES IN PRACTICE
- especially the causes of relapsing

updating of

*** [Antecedents →] Behaviour → Consequences ***
[B ← C]

an objective bio-social psychology
on what people say
about the specifics of their everyday lives, at work or leisure

Integrative potential for WWW programme?

'Evidence-Networking'
Improvement of Well-Being

Next, the same generic approach, described in a different way

“Improvement of Well-Being”

moving closer to a consistently wanted personal state

In this approach to research and implementation,
the ‘*state*’ =
a self-monitorable aspect of health/wealth/happiness
specified in culturally recognised terms
the ‘*moving*’ =
a sustained change in a repeated pattern of activity,
also identified by consensus wording

***self-improvement in personal wellbeing
by evidence-based change in habits***

Interventions proposed or implemented

by government, business, voluntary sector, health services
among general public, customers / service clients, employees
including nudge, design, regulation, taxation

LACK EVIDENCE from individuals' daily lives
how much a person's wellbeing improves
as a result of the changes in activities
in those whose choices are affected.

Yet such causal evidence from life

can readily be gathered in 'local' aggregates
– during implementation!

(This basic in-life research is translational also.)

MEASURE EFFECTS ON WELLBEING OF CHANGES IN PRACTICES
and *vice versa*

“evidence-networking”

(1) What sort of **evidence**?

A. For each **wellbeing** outcome, habitual **practice** and
contextual motivator,

“local” [subcultural] **consensus** on **wordings**

- socially ‘intelligent’ / culturally sensitive
- **objective** (‘Realist’ about reference: Wittgenstein 1953)
- **quantitative** – measurements in public units
-- not just stats on polls or ratings

MEASURE EFFECTS ON WELLBEING OF CHANGES IN PRACTICES
and *vice versa*
“evidence-networking”

(1) What sort of **evidence**?

A. Consensus wordings

B. Primary measures: an individual's current amount

- of a practice:

frequency (e.g. times per day)

estimated from recalled timing of last
occasion and the time of recall

- of an aspect of wellbeing:

position on a number line from zero =
“not at all” to 10 = “most imaginable”

MEASURE EFFECTS ON WELLBEING OF CHANGES IN PRACTICES
and *vice versa*
“evidence-networking”

(1) What sort of “**evidence**”?

A. Consensus wordings

B. Measurement in public units

C. Linear relation between a change in frequency of a practice and the amount of wellbeing

Test for simplest mechanisms first.

Any monotonic function is linear over mid-range.

Additive combination tested first (for $B \leftrightarrow C$)

($A \rightarrow B$ uses discrimination distances.)

MEASURE EFFECTS ON WELLBEING OF CHANGES IN PRACTICES
and *vice versa*
“evidence-networking”

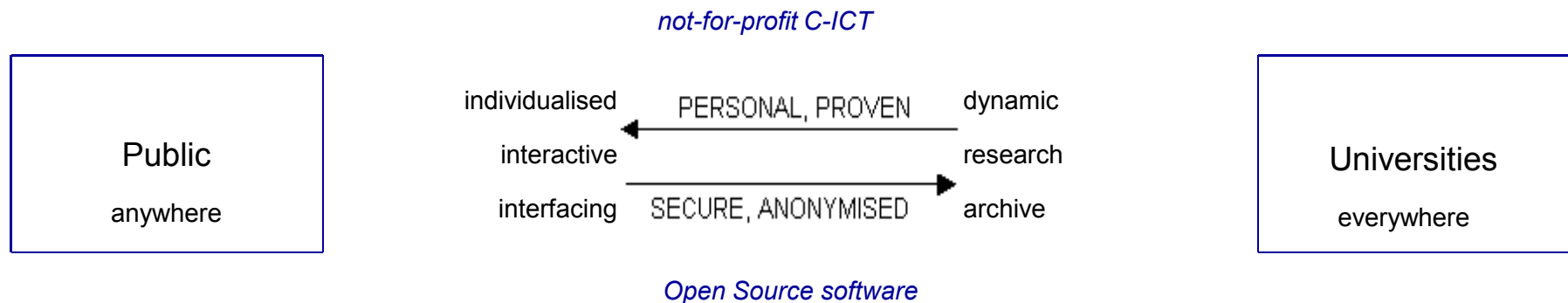
(2) How is evidence **“networked”**?

Research (basic science) and Service (implementation)
use the same key procedures:-

- individual executes a needed feasible habit-change
(personal tailoring)
- need and feasibility both estimated from database
(culturally sensitive)
- tracked habit frequencies and outcome intensities
added to database

MEASURE EFFECTS ON WELLBEING OF CHANGES IN PRACTICES
and *vice versa*
“evidence-networking”

(2) How is evidence **networked**?
the virtuous spiral



“C-ICT” = Computational – Information Communication Technology
I.e., central computation organises the interactive interfaces
but can be: web-questionnaires with email alerts
paper q’aires or structured interviews (f2f, phone)

The enABLEr/s system

evidence-networking

evidence-generating
evidence-implementing

Application

databases for
research & service

for **Better Living**
all QoL outcomes

Education

information
personally tailored
in culture's own terms

research

universities-
based

services to

individual members of the public
& professionals in their practice

from concept website (2003) www.wwiyc.com
www.whatworksinyourcircs.com

Publication

Booth, D.A. & Booth, P. (2011). Targeting cultural changes supportive of the healthiest lifestyle patterns. A biosocial evidence-base for prevention of obesity. *Appetite* 56, 210-221.

Proposal to construct a generic, scalable enABLE-*r/s* system, but specific for changes in eating, exercise and keeping warm that may prove to reduce weight

[Phil Booth is the independent campaigner for citizens' control of their personal data (led No2ID; leads medConfidential; cp. Mydex).]

Please email David on D.A.Booth@Bham.ac.uk to fix a visit by him to your office and/or to correspond asynchronously about some email attached or online browsed document(s).
Priority is given to prospects of peer-reviewed publication in due course.