

Identifying capabilities for the ICECAP-A measure

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Abstract

Aim The ICECAP-A (capability measure for adults) is being developed as a broad measure of wellbeing for use in economic evaluation. This paper reports the selection of the capabilities to be included in the ICECAP-A measure.

Methods In-depth, informant-led, interviews to explore the dimensions of wellbeing were carried out with 36 adults in the West Midlands. Informants were purposively selected to ensure variation in socio-economic status, age, sex, ethnicity and health. Data analysis was carried out alongside interviews and the findings were used to shape the questions in later interviews. Interview data were analysed thematically in five batches, using constant comparison, to move from a set of well known influences on wellbeing (work, relationships, health, social activities etc.) to a set of overarching capabilities to explain wellbeing.

Results Analysis of the interviews is ongoing, as is work to clarify appropriate terminology for the capabilities. Currently the key dimensions of wellbeing that the capabilities are likely to relate to are: 'attachment', 'achievement', 'community', 'autonomy', 'stability' and 'pleasure'.

Conclusions The ICECAP-A measure represents a departure from traditional health-based outcome measures (such as the EQ-5D and SF-6D) and traditional measures of capability/functioning (such as the Human Development Index) in treating health status as an *influence* over wellbeing. The focus on interpreting wellbeing as capability to 'be' and 'do' the things that are valued in life offers an alternative paradigm for evaluating the benefits of health and social care interventions in economic evaluation.

Introduction

The breadth and quantity of economic evaluations in healthcare has risen rapidly over recent years. Economic evaluations in public health and social care are now routine. New organisations, for example, the Social Care Institute for Excellence, have been established and current organisations (e.g. NICE) have had their remits expanded over recent years, to provide evidence based guidance in these areas. In the UK and elsewhere, economic evidence is required to inform funding decisions for a growing number of healthcare interventions. QALYs are increasingly used to measure the benefits of healthcare interventions. Although QALYs have the advantage of measuring health benefits across a diverse range of clinical areas on a common scale, there is increasing concern that solely focusing on health benefits alone may be insufficient in areas such as mental health,¹ social care² and public health³ and for certain groups such as older people,⁴ those near death⁵ and carers.⁶ In these areas, interventions may be geared towards helping individuals maintain independence, dignity, comfort and social interaction^{7:8} and these effects are likely to be neglected or diminished by focusing solely on health gains.

The capability approach proposes that public policy is evaluated in terms of its impact on individuals' ability to carry out important functionings.⁹ Functionings are defined in terms of what an individual can 'be' and 'do'; Sen proposes these functionings can range from basic things, such as being well-nourished, having shelter, being in good health, to more complex functionings such as being entertained and social interaction.¹⁰ The capability approach was developed partly in response to the deficiencies of other informational bases (including utility) for public policy and offers a way of conceptualising an individual's wellbeing in its broadest sense. Like capabilities, QALYs (when utilised in an extra-welfarist paradigm) also represent a rejection of utility as the basis for making (health) policy decisions. Under QALY-based extra-welfarism, health is seen as having intrinsic importance in the decision-making process in addition to (or instead of) utility. While the focus on health as the object of evaluation in economic evaluation has been linked to the capability approach,¹¹⁻¹³ health represents only one aspect of an individual's life and therefore, at best, it only represents a partial application of the capability approach.

Sen's writing on the capability approach offers much in terms of thinking about social choice, but little in terms of what capabilities to use when operationalising the approach. While certain capabilities are frequently cited (such as food, shelter, self-respect) in Sen's work, these are largely used to illustrate the capability concept, rather than as a guide as to what capabilities should be considered when evaluating public policy. Indeed, Sen suggests that practitioners working within developed countries are likely to want to focus less on basic capabilities and more on complex capabilities as these are

likely to vary more between individuals.⁹ Nussbaum has taken a different stance and proposes a list of 10 capabilities to be used, that all democratic government *should* endorse and use for public policy purposes.¹⁴ Nussbaum's list comprises capabilities related to: 'life', 'bodily health', 'bodily integrity', 'senses and imagination', 'emotions', 'practical reason', 'affiliation', 'other species', 'play' and 'control'. The universal nature of Nussbaum's list has been criticised, given that the same set of capabilities may not be relevant in all decision making contexts; Robeyns,¹⁵ for example, proposes developing capability lists that will be suitable to the particular decision-making context from scratch.

The ICECAP-O, was developed in 2006 as a measure of capability for older people in the UK.¹⁶ The aim was to develop an instrument to assess the benefits of health and social care interventions for older people that considered wellbeing in a broader sense than health alone. The qualitative work to develop the measure revealed that it was an *ability* to pursue key aspects of life that was of particular importance to the informants. This finding led the measure to be conceptually linked to the capability approach. The ICECAP-O measure features five conceptual attributes of wellbeing ('attachment', 'control', 'enjoyment', 'role' and 'security') each with four levels. Subsequent work has been conducted to value and validate the measure [refs] and the ICECAP-O is currently being used in a number of trials and economic evaluations. As the ICECAP-O measure was developed with, and valued by, older people (65+), it is most appropriate for this population. Given the diverse effects of health and social care policy on people of all ages, a capability measure may also be valuable in the general adult population.

This paper reports the first stage of a project to develop a capability measure for the general adult population (ICECAP-A). The paper reports work-in-progress on the selection of the capabilities to be included in the ICECAP-A measure.

Methods

Capabilities for the ICECAP-A measure will be chosen to reflect key dimensions of personal wellbeing. The identification of dimensions of wellbeing has been based on in-depth interviews with the general population. This section documents the process of sampling and interviewing the informants and analysing the data from the interviews. Interviews were conducted iteratively, with analysis being conducted alongside the interviews to ensure that later interviews could be used to pursue emerging issues from earlier interviews.

Sampling

Informants from the general population were selected using electoral rolls . The sampling frame was four electoral wards, based in the West Midlands. Wards were chosen to maximise the socio-economic diversity of the sample, with one ward from each quartile of the national index of multiple deprivation scores. The specific wards were chosen to ensure diversity in the sampling frame in terms of rurality, ethnicity and political affiliation. An invite to interview and screening questionnaire was sent out to randomly selected individuals on the four electoral rolls. Individuals who responded to the invite and screening questionnaire were then sampled to ensure diversity in the final interview sample in terms of age, sex, health and ethnicity. Two amendments were made to the protocol, first, in view of the low number of young people that responded to the invite, snowballing (i.e. using one informant to identify other informants) was used to identify three additional informants in the youngest age group (18-29) and ensure a more balanced mix of ages in the sample. Second, in recognition that informants were giving up their time to be interviewed and because of a concern that the sample overly reflected the attitudes of 'volunteers', a £10 shopping voucher was offered mid-way through the interview recruitment process. All informants who had previously been interviewed received the £10 voucher retrospectively. The study has ethical approval from the University of Birmingham ethics board.

Interview conduct

In-depth interviews were used to explore wellbeing with individuals. Most informants were interviewed in their own homes, with interviews lasting between 45 minutes and 1 hour 40 minutes. Interviews were conducted until saturation was reached, i.e. no, new, substantive themes were emerging from the interviews. In-depth interviews are characterised by a detailed focus on each individual with probing to explore issues that arise during the interview in more detail. Given the personal and complex nature of wellbeing, in depth interviews were judged to offer the most appropriate means of collecting information. The interview began with a set of straightforward background questions to find out more details about the informant's life (in terms of their living arrangements, health, family, work). These 'content mapping'¹⁷

questions helped to provide the context for the rest of the interview. These questions also led naturally into 'content mining' questions to find out more about what the informants valued in their lives. If, for example, informants mentioned at the beginning that they had recently moved house, they could be probed on what the reason for moving was, what they (dis)liked about their new house relative to their old house. Similarly, if the informant mentioned the presence of a health problem at the beginning of the interview, they could be probed to find out how this affected how this affected their life. Issues such as friendships, religion, social activities, finances and politics were also introduced later in the interviews. In general, broad questioning was used to explore what was important to the informant (and it what way this was important), what informants valued in their life and how different things in their lives affected them.

Data management and analysis

Interviews were digitally recorded and fully transcribed. Interview transcripts were organised into five batches (of five to eight transcripts) for analysis. Each transcript was coded in ATLAS.ti with codes for the first batch chosen to reflect the broad areas that the interviews covered (family/friends, health, work, surroundings, resources, beliefs, activities and the wider world) and the emerging ideas about how each of these issues affected wellbeing. The coding system for subsequent batches of interviews reflected the stage of development of the wellbeing themes. A descriptive account, incorporating quotes from the interviews and interpretative narrative, was produced for each batch of interviews. The coding framework for each iteration of interviews was used to organise the quotes in the descriptive account.

The constant comparison method of analysis was used,¹⁸ to compared extracts between informants, and then to compare these new data to the properties of emerging themes. This was used to ensure that emerging ideas about dimensions/themes in wellbeing were checked against findings from previous iterations of interviews. Emerging dimensions of wellbeing were initially kept as close to the qualitative data as possible, by using the same terminology as used by informants. As the interview analysis progressed, the wellbeing themes became broader and more conceptual (though with the aim of retaining the meaning embodied in the interviews). The findings from the interviews are presented in the following section. Verbatim quotes from informants are used to illustrate the findings. Ellipses (...) are used to denote missing speech; 'umm', 'err' and repeats of words, which do not add to meaning, are removed without the use of ellipsis.

Findings

Interviews were conducted with 36 informants between February and October 2009. Interviews lasted between 45 minutes and 1hr 40 minutes. Table 1 shows the characteristics of those individuals who were interviewed.

Table 1 - Characteristics of study informants

	Informants (n=36)
<i>Sex</i>	
Female	21
Male	15
<i>Age</i>	
18-29	7
30-44	9
45-64	11
65+	9
<i>Health (self reported)</i>	
Good	23
Not good	13
<i>Location</i>	
Highly deprived inner city ward	11
Moderately deprived rural ward	7
Moderately affluent suburban ward	9
Affluent suburban ward	9
<i>Ethnicity</i>	
White British	29
White non-British	2
Non-white	5

The findings from the interviews are presented, first in terms of how the current wellbeing themes have evolved throughout the three iterations of interviews analysed to date (with achievement as an example) and second in terms of evidence for the themes (attributes) themselves.

Iteration 1

The analysis in the first descriptive account focused on identifying the different ways the topics introduced in the interviews (family, work, health etc) affected the informants. Extracts from the interviews were organised and analysed under these topics and a series of codes (of which there were around 100); each code was chosen to reflect how the topic impacted on the informant

or what the informant valued about the topic etc. At this stage, the codes retained the language used by informants as closely as possible. The structure of the 'work' section of the descriptive account is shown below:

MAJOR CODE: Work

SUB-CODES: Balance with personal life; Financial security; Proving yourself; Contributing; Creativity / variety; Stress; Fitting-in; Being independent; Learning

Some of the codes were more specific to work e.g. 'financial security', while other codes appeared to be more generic, e.g. 'being independent'. As can be seen from the coding system the batch of interviews revealed, amongst other things, that work provided an opportunity to prove yourself:

I mean I set very high standards for myself, I always have done and I don't want to let them [pupils] down. It wouldn't matter what school I worked in I'd still feel the same way [Female, 35]

Iteration 2:

For iteration 2, the long set of codes from the first iteration was condensed into a set of 28 generic codes. The code for 'proving yourself' (which related to work) was, for example, noted to be conceptually similar to a code about achievement (which related to activities) and these were combined. The 8 transcripts in the second iteration were read and a further 10 codes were identified. The resulting set of 38 codes was used in conjunction with the wellbeing topics (family, work, health etc) to code material from the transcripts. Continuing to categorise data by both influence and the emerging themes in terms of wellbeing helped the process of understanding how things like 'work' 'health' and 'family' influenced wellbeing. In iteration 2, for example, it became more apparent that an ability to achieve things was a salient issue that could be influenced by health as well as activities and work:

...if I do really exert at something, something that would normally really get your heart racing ... I will go out and do ten minutes and as soon as I start to think I'm over exerting I'll stop. And so my life has gone to a crawl [Female, 55]

Iteration 3:

By iteration 3, the 38 codes from the second iteration and new issues that arose from reading the 3rd batch of transcripts were organised into seven broad themes; these are the conceptual wellbeing themes presented in this paper: 'attachment', 'autonomy', 'achievement', 'community', 'stability', 'pleasure' and 'a good world'. As the emphasis had now shifted to

understanding the content and overlaps of themes themselves, the wellbeing topics (health, work, family etc) were no longer used to categorise the data. At this stage 'achievement', for example, encompassed the notion of rising to a challenge, understanding, and gaining recognition. 'Helping' also featured here, but when the quotes were studied further, helping appeared to be valued as a means to an end; either as a route to enjoyment, or in terms of enhancing a sense of community:

There is a certain amount of trouble late at night and there was one hope that we would be able to open the café in the evenings at least one night a week so there'd be somewhere for teenagers to go and just sit and drink coffee which would be less harmful than getting drunk in the park. [Male, 70]

The issue of identifying the meaning and coverage of concepts emerging from the interviews will be further examined in the fourth and fifth iterations of analysis.

Wellbeing themes

The seven wellbeing themes identified so far, are described below, in terms of their content and key influences that give rise to more or less of the attribute.

Attachment

The attachment theme was clear relatively early. It primarily relates to good relationships with family and friends, and reflects the importance of having love, affection and companionship in life. Being close to people and having support in life also comes into this theme:

At ante-natal classes with [Daughter's name]... six of us really gelled and just become the closest of friends. It was like we'd known each other for years and years and years. And yeah, it's fantastic. So we're just really close friends at the moment. So, yeah, we're ... we see each other all of the time and we help each other out which is great. [Female, 32]

Attachment is strongly related to the presence of a partner, close family and good friends. Poor health within the family was also cited as a factor that could draw families together:

[My] family's definitely been a lot closer because five years ago we lost my cousin, he was on holiday in [location] following a football tour and he got hit by a tram and since that happened the family got a lot closer together and definitely in more contact with each other more often, meeting up more often. ... we see a lot more of each other more frequently, so that's good. [Male, 19]

Achievement

The achievement theme whilst prominent during early interviews and analysis, still requires work in terms of clarifying meaning. At the moment the theme reflects the importance that informants have placed on facing and overcoming challenges, progressing in life and excelling and mastering things:

I do like playing ... competitive sport really, its got a bit of an edge really I suppose through that there's a bit of an achievement thing and it's kind of quite nice to be in a team or you know to be like a captain for one of the teams [Male, 29]

Many informants derived a sense of achievement from work or from leisure activities. Poor health was also cited as a potentially limiting factor on achievement in life:

I think if you feel ill there is nothing worse and you feel you can't achieve anything. And you feel you can't do anything. [Female, 60]

Community

The community theme currently captures the value of being involved in activities and a sense of 'belonging' and feeling welcomed:

...when we first moved in, we had; we've got an Indian couple opposite us and they came over ... and they brought us over a curry and then next door we've got an afro-Caribbean lady, and she's very elderly, but she gives us rhubarb and apricots and; 'come into my garden and you know, take this or take this', she's just lovely, and the neighbourhood is nice, it is nice, there's some really nice friendly people around, everyone's made us feel really welcome, so it's good. [Female, 42]

The community theme also reflects a desire stated by many informants to interact with other people and be able to contribute to things. While a close group, whether this was geographical or related to work or leisure, supported feelings of community, some individuals also reported feeling alienated:

[I] don't quite socialise as much because the town centres are now taken over by youngsters...I wouldn't go out for a beer in [local town] anymore. ... it's not a violent place, it just doesn't belong to anybody over 30 ... It just doesn't fit my age group. [Male, 46]

The relevance of community requires significant further examination, in particular the belonging/closeness aspects of community clearly overlap with issues in the attachment theme.

Autonomy

Being independent, or autonomous, was a theme that was relatively clear from early on in the interviews. Informants valued being able to make their own decisions, they wanted to be financially independent and they were concerned about health problems limiting their freedom:

I found it really annoying because I couldn't, you know when you've got health, when you're actually all healthy and stuff you think you can really do anything, you're fairly energetic, bouncing, whatever, you can go and do whatever you want during the day. [Female, 22]

The capability concept appeared to be particularly important here; whilst having your independence limited through, for example, being told what to do, was not appealing, many individuals, especially those in relationships talked about sacrificing their independence to make joint decisions:

Me and my son both sit down together and he says 'mum, should we do that? Is that the way we should do it?' And then if I think it's right, I will say, if he's not thinking in a straight way, I will stop him and say ,no, don't do it, this is not right., Whichever way I think. And sometimes I am wrong and he is right. So it's both ways. We are just two people, sit together and make decisions. [Female, 55]

Stability

The stability theme is under development, but currently reflects the desire to 'feel settled' in life. A number of informants talked about the problems of feeling safe and secure, having some sense of history and familiarity in an area and with people and not having to feel uncertain about various aspects of life, such as finances and health:

...my health broke down again and... which came as a shock, it didn't come as a shock the first time but it did the second time because again I had to give up work immediately and I went away and had my lung collapse and I had treatment and it cast a long shadow because its always there in the background, you never know when it might jump on you. So you live with uncertainty. [Female, 78]

The sense of feeling settled was affected by a broad range of factors, including finances, health, friendship groups and surroundings. This was also the aspect of wellbeing that religion and spirituality seem to act on, through providing a source of comfort and perspective in life:

...whatever religion you are, when you feel horrible inside, you feel sad inside you quickly go back to your God and say 'oh God, help me' don't you? Everybody does that. So I always feel that way whenever I am sad or

something or if I am happy I always thank God, pray, whatever, to pray to God, and thanks to God [Female, 55]

Pleasure

The importance of doing things that were enjoyable or pleasurable was clear from the initial interviews. Informants frequently talked about have fun and doing exciting or interesting things:

It [TV programme] is wonderful. And I was watching the other night, I'd recorded it over Christmas...And I just thought this is fantastic. So a great deal of pleasure and I'm good now finally at saying "yes, I'm going to watch this and I'm going to sit down for an hour" because obviously my children are older, I don't have to spend all my time going round after them. [Female, 60]

Informants reported getting pleasure from a whole range of things from social activities, to spending time with their family.

...when my children for example are so happy about something then I'm instantly lifted. And if they're doing something that's pleasurable, they're going on a lovely holiday or they've just met a very nice boyfriend or whatever then I'm in just as much pleasure as they are...[Female, 55]

'A good world'

Informants also talked about the wider society that they lived in and what was important to them about this. These issues often came up towards the end of the interview when informants were asked whether there was anything important to them in their lives that had not been covered in the interview. The values, actions and attitudes of people were cited by a number of informants, for example the people took in the area they lived in:

... I sometimes find that more affluent areas are kind of nicer and tidier than less affluent areas ... to me it doesn't matter how much money you've got in the bank or how little you've got, if you're happy with your life then you know great, whatever but why does it have to be a mess?... it's a pride thing you know people not having pride in their area and appearance and stuff like that...[Male, 29]

A sense of justice and fairness in society was also mentioned in various guises by some informants:

... the news will make me cry...we're just not learning anything. We're supposed to be so civilised and some of the things we do now is just amazingly uncivilised ... I listen to that Guantanamo thing, we're not giving people a

trial ...if they're wicked they should be punished, but everybody, I don't care who they are or what they've done they must have a trial. [Female, 55]

The capability concept

As with the ICECAP-O work to develop attributes of wellbeing for older people, the intrinsic value of having the *ability* to do things differently in life came across:

You know...I mean I don't go to my parents for money, but I know that if I was stuck then I could quite easily ask them or whatever, you know but I'd rather not have to but I know that if I needed to I could. [Male, 29]

I'm not saying I don't like having them [friends] round in case they're needed, but whether I would ask for it [help] is slightly different. I like having things in, I just like having things in case...[Male, 62]

Discussion

The work to identify the key themes in an individual's wellbeing is ongoing. Themes around 'attachment', 'autonomy' and 'pleasure' are relatively clear and it likely that capabilities based on these themes will be included in the final measure. For these three themes, issues remain in terms of determining the appropriate focus of the capability (is pleasure for example too broad?) and wording ('capability to be autonomous' is clearly inappropriate in a self-complete outcome measure). The other four themes are more tentative, especially 'stability' and 'community'. In the case of community it may be the issues encompassed in the theme (primarily 'belonging', 'interacting' and 'contributing') are actually closely associated with the meaning of other wellbeing themes to informants. The second phase of interviews focussing on issues of meaning and comprehension will explore this.

Judgements also have to be made about what should and should not be included in a measure of personal wellbeing. The ICECAP-A project was funded with the intention of producing a broad measure of wellbeing, that would go beyond health, yet would be useful in measuring and valuing the benefits of health and social care interventions. It might be considered reasonable to exclude capabilities referring to someone's ability to live in a just world on practical grounds; such capabilities are unlikely to be informative when evaluating the benefits of, for example, a new drug or surgical device. The ability to live in a just world is nevertheless important to many individuals and health policy could influence an individual's sense of justice in society. Healthcare reforms that result in individuals paying for healthcare, which was previously delivered free of charge, may result in people feeling they live in a less 'just' society. Such issues are clearly complex and beyond the scope of this paper. However, one of the perceived weaknesses with focusing solely on utility for social choices is that it neglects rights and processes.¹⁰ Incorporating such concerns in economic evaluation is clearly challenging; the findings from this study offer some insights into the values and processes that individuals care about with respect and fairness being prominent examples.

Previous work to develop the ICECAP-O measure, carried out by authors on this paper, found five attributes as being important: 'attachment', 'role', 'enjoyment', 'security', 'control'. Attachment, enjoyment and control are also emerging as key themes for the general adult population in this study (albeit with slightly different wording). There is also some similarity between 'role' for older people and 'achievement' for the general population. Both concepts appear to generate a sense of feeling valued to the individual, however in the ICECAP-A work the emphasis has shifted somewhat to reflect the fact that progression and excelling are likely to be more salient to younger people. Similarly 'security' (in ICECAP-O) and 'stability' (in ICECAP-A) reflect many of the same issues. Indeed, it may be that feeling settled is a broader attribute

encompassing the desire not to worry, embodied in the ICECAP-O security attribute, but also encompassing the value of some familiarity in terms of surroundings, friendships etc.

As noted earlier, Nussbaum has put forward a list of 10 universal values or capabilities for appraising public policy.¹⁴ Health has a prominent role in Nussbaum's list and is incorporated in the ICECAP-A as an influence on wellbeing (this issue is discussed further below). Nussbaum also gives a prominent role to imagination and reasoning – these issues have not featured prominently in these interviews, although understanding and finding things interesting have been mentioned, and these issues have been incorporated into the 'achievement' and 'pleasure' themes. Emotion (which Nussbaum explicitly describes as an ability to have *attachment* to things) and affiliation fit in closely with the ICECAP-A themes of 'attachment' and 'community'. Control resembles 'autonomy' in this study. Play fits in with the 'pleasure' theme, whilst other species (being able to relate to nature) fits in partially with 'pleasure' but also with the idea of living a life in harmony with nature, which has been incorporated in the 'good world' theme.

To date there has a tendency for researchers to work with philosophically derived lists of capabilities, for example, Nussbaum's list [ref] or alternatively work with Sen's suggestions in his writing about what is important 'nutrition', 'health', 'respect' etc. The work reported in this paper, however, has based the selection of capabilities on discussion with the general population about their lives and what is important to them. Such an approach allows the capabilities to be more firmly grounded in the issues that matter to the people themselves. Robeyns (2005) questions the legitimacy of a philosophical process for deriving capabilities¹⁵ and proposes four criteria for developing a capability list: (i) the methods should be explicit; (ii) the methods should be justified; (iii) the level of generalisability should be acknowledged; (iv) the list should be exhaustive. Arguably the qualitative approach used here to generate a capability list is more explicit than a philosophical approach and the method of constant comparison (by ensuring comparison of new issues with emergent themes from the whole set of interviews) goes some way to ensuring that the capability list is exhaustive. The generalisability issue is interesting; the extent to which the list derived here for the UK is generalisable across cultures is an empirical issue, with questions remaining as to what is meant by different cultures in the context of outcome measurement.¹⁹

The ICECAP-A measure represents a departure from traditional health-based outcome measures (such as the EQ-5D and SF-6D) and traditional measures of capability/functioning (such as the Human Development Index) in treating health status as an *influence* over wellbeing. The somewhat ambiguous role of health in capability measures is in part a result of problems in defining what health is.²⁰ In common with the interviews conducted to develop the ICECAP-

O measure, health was found to play an important role in wellbeing but was conceptualised as something that allowed or limited informants to pursue key attributes of their life. Clear links were apparent between the presence of health problems and an individual's ability to achieve, be independent, feel settled and experience pleasure in life. The health of others also exerted an influence on wellbeing. Somewhat unexpectedly, a number of informants have mentioned bereavements and family health problems as factors that could bring families closer together. Rather than diminishing the importance of health in decision-making, conceptualising health as an influence on wellbeing, as has been done in this study, may well allow the diverse effects of ill health on life be captured more fully.

Next steps and conclusion

Analysis of the remaining batches of interviews will be used to clarify the conceptual attributes of the ICECAP-A measure. A second phase of up to 25 interviews will be completed in December 2009 to finalise the descriptive system for the ICECAP-A measure. Findings presented here, in terms of the wellbeing themes, are largely conceptual and phase two of the work will be used to select terminology that is meaningful to the general public and try to summarise the issues raised in the interviews as comprehensively as possible. The descriptive system for ICECAP-A should be finalised in January 2010.

Some suggested discussion points

- What issues should be included/excluded from a capability-based measure of wellbeing?
- Do you see the attributes that are emerging from this work as useful in terms of evaluating the benefits of health and social care in your research area?
- Is there specific information about the properties of ICECAP-A, that would encourage you to use the measure?

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