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Title

Validation of the “Proactive” self-assessment tool for older people to identify their own risk of functional decline

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Developing innovative approaches to prevent or manage age-related health problems and disabilities is a public health priority. Therefore, we have developed Proactive, a self-administered screening questionnaire that enables older people to independently monitor their risk of functional decline. Objective: To validate Proactive. Study Design and Analysis: In a convergent, mixed methods design, a cross-sectional survey allowed us to assess the concurrent validity of Proactive by comparing its results with those of a clinical examination. Participants' comments while completing Proactive provided a qualitative assessment of the validity of the response process, and interviews assessed social validity. Setting: Community-based. Population studied: Individuals aged 65 years and older recruited in primary care clinics or senior residences. Dataset: Participants' risk of functional decline measured by both Proactive and a clinical examination, participants' comments when completing Proactive, and responses to open-ended questions about potential adverse effects of Proactive. Intervention: Proactive consists of 21 items covering nine constructs. The questionnaire was developed based on a review of instruments for assessing risk of functional decline in older adults and revised by clinical experts, health literacy experts and citizen partners to ensure content validity, comprehensiveness and relevance. Outcome Measure: Agreement between Proactive and the clinical examination using percentages and Cohen's Kappa, participants' perceptions and experiences and potential adverse effects. Results: Of the 51 participants (mean age: 80 years), most found Proactive useful in assessing their health status and risk of functional decline. A single participant with severe loss of autonomy found Proactive less useful

as it did not provide him with any new information. Agreement between Proactive and the clinical examination varied by construct, ranging from 47% (Sleep) to 94% (Medication). Proactive identified more people at risk in Mood, Sleep, Communication, and Social Life compared to the clinical examination, suggesting that it can complement the clinical examination. Some comprehensibility issues were addressed in a modified version. Conclusions: The differences between the results of Proactive and the clinical examination highlight its potential for patient-centered risk identification. Further validation of the updated version of Proactive is required.

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