

FEASIBILITY OF THE “HEALTH CHECK” IN FLEMISH SCHOOL HEALTH CENTERS

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EUSUHM 2017
Leuven, 6-8 September 2017

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1. Introduction

Mission of Youth Health Care: *to monitor, protect and promote the health and wellbeing of youngsters.*

*“Health is the ability to adapt and **self-manage** in the face of social, physical and emotional challenges” (Huber et al., BMJ 2011)*

→ **Need for instruments** to strengthen resilience of youngsters and empower their self-management capacities and health skills.

1. Introduction (2)

- **The “Health Check”**
(GGD Gelderland-Midden (NL))



- “Self-determination theory” and “Solution-oriented therapy”

2. “Health Check”

- ICT-based tool (online)
- 60 questions
- (1) physical health, (2) social-emotional health, (3) addiction tobacco, alcohol, illegal drugs, (4) sexual health, (5) life context
- Immediate online feedback
- Contact with school health professional on request of the adolescent and/or professional.

3. Field study

Aim of the study:

Evaluate the feasibility of the “Health Check” in a Flemish School Health Service

Aspects of feasibility (Bowen et al. 2009)

- Acceptability
- Need
- Practicality
- Adaptations

Dia 5

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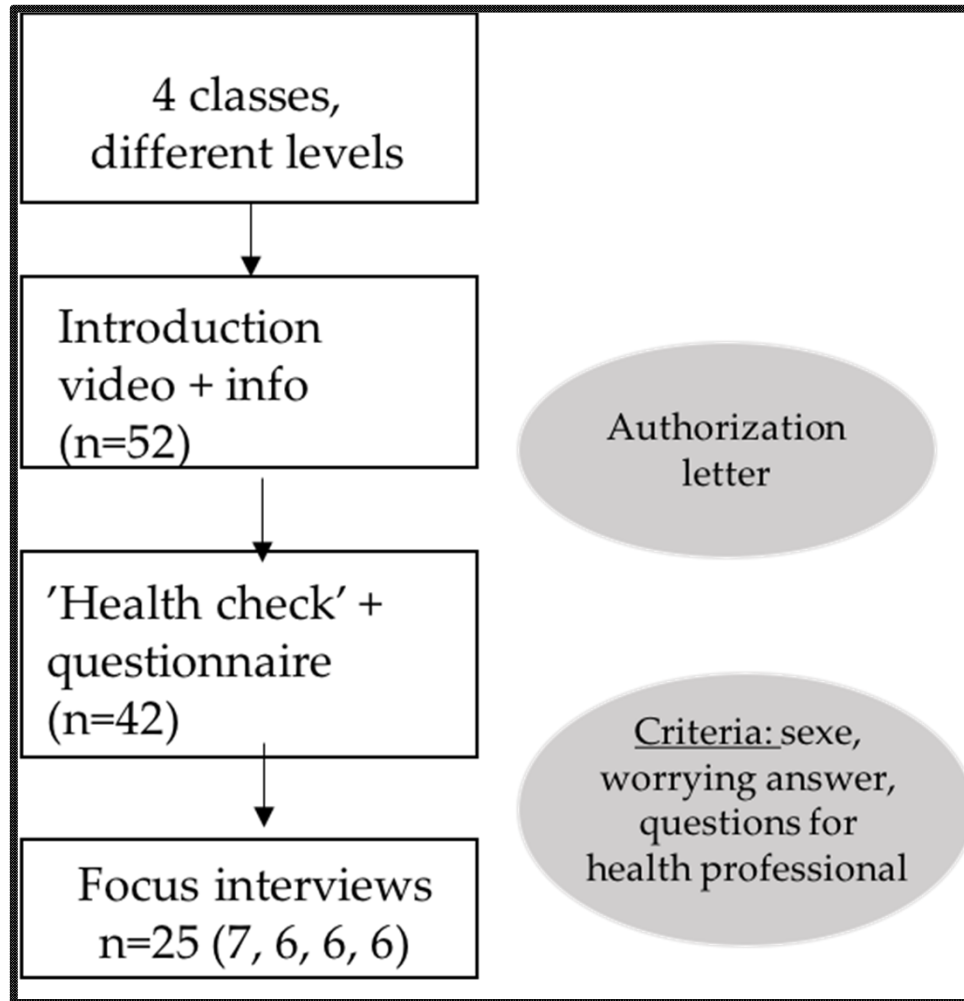
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4. Methods (design)

- Pilot study
- Mixed qualitative and quantitative design
- 39 adolescents (mean age 15.2 years).

4. Methods (sample)



4. Methods (instruments)

Questionnaire (n=42)

Semi-qualitative study The Netherlands

Midi-questionnaire (Measuring Instrument Determinants of Innovations)

Focus interview (n=25)

4 focus interviews

6-7 students/focus interview

Moderator and observer

Process evaluation

Checklist

Answer profiles

N= questions for the health professional

N= worrying answers

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4. Methods (analysis)

Questionnaires

Quantitative (Excel)

Focus interviews

Qualitative

- Transcript (ad verbatim)
- Inductive and thematically
- within-case
- cross-case
- 1 code book -> 1 code tree

5. Results KH2 KH3

Education level	N	♂	♀	Min age	Max age	Average age	N demand for a conversation	N need for a conversation(*)
General	13	5	8	15	16	15,2	3	3
Technical	6	0	6	15	17	16	2	3
Vocational	20	14	5	14	15	14,5	13	15
Total	39	22	20	14	17	15,2	18	21

(*) N need for a conversation: Youngster who demanded a conversation + youngsters with worrying answers

Dia 10

- KH2** de termen ASO, TSO en BSO zijn niet gekend buiten Vlaanderen.
Karel Hoppenbrouwers; 1/09/2017
- KH3** Gewoonlijk vertalen we dit naar "general", "technical", "vocational"
Karel Hoppenbrouwers; 1/09/2017

5. Results

N°	Education Level	N	♂	♀	Average age (y)	N Demand for a conversation	N Need for a conversation (*)	Recording Time
1	General	7	3	4	15,3	2	2	00:38:07
2	Technical	6	0	6	16,0	2	3	00:33:06
3	Vocational	6	3	3	14,3	2	3	00:34:40
4	Vocational	6	6	0	14,5	4	6	00:26:57
Total		25	12	13	15,0	10	14	-

(*) N need for a conversation: Youngster who demanded a conversation + youngsters with worrying answers

Dia 11

KH4

idem, ook hier ASO, TSO en BSO vertalen.

Karel Hoppenbrouwers; 1/09/2017

5. Results (2)

- Overall score: 8,3/10
- Online: contemporary and easy
- Short messages > information on websites
- **Privacy**
- **Confidentiality**
- Time schedule: fill in questionnaire and conversation/consultation
- Lowers threshold to discuss psychosocial problems
- Autonomy
 - (+) whether or not having a conversation or the topic of the conversation
 - (-) physical exam (> hearing and sight)

Dia 12

KH5

in de slide zelf duidelijk maken waar deze score voor staat?

Karel Hoppenbrouwers; 1/09/2017

5. Results (3):

Differences between education levels

- Question for health professional

Vocational (57%) > Technical (33%) > General (23%)

- Reading health messages

General (62%) > Technical (17%) > Vocational (30%)

- Worrying answers

Vocational (n=2) > Technical (n=1) > General (n=0)

- Time to fill in the 'Health Check'

Vocational (40') > Technical (30') > General (20')

5. Results (4): Conclusions

- A differentiated offer = useful
- Education level \sim health status

5. Results (5)

“Health check” and the Self Determination Theory

- **“Competence”:**

Training of doctors and nurses

- **“Relatedness”:**

Relation patient-health professional

- **“Autonomy”**

Difficulty entering the voluntary offer

6. Discussion

Feasibility?

- **Acceptability** was confirmed by adolescents and YHC (Youth Health Care) professionals
- The Health Check lowers the threshold to discuss psychosocial health problems (**need**)
- No practical barriers reported by youngsters, but YHC professionals reported some. (**practicality**)
- **Adaptations** were suggested
- Need for a larger pilot and validation study

Dia 17

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KH7

dit is een lege slide?

Karel Hoppenbrouwers; 1/09/2017