

A close-up photograph of a woman with blonde hair tied back, holding a young child with light brown hair. The woman is looking towards the camera with a gentle expression. The child is looking slightly to the side. The background is softly blurred, suggesting an indoor setting.

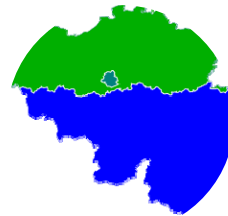
# Appointment reminder for the well-baby clinics in Flanders

Leuven, Eusum 08/09/17 – Rita Eggermont

Kind & Gezin

# Kind & Gezin (Child & Family)

## Flanders (Belgium)



Public Agency  
Flanders  
(Belgium since 1919)



For alle  
newborns till  
school

Entrance =  
positive story:  
birth of the  
child

## Governemental organisation Kind en Gezin – Child & Family

- Mission: neonatal hearing screening, monitoring growth & development, immunisation program, screening for amblyogenic risk factors, support & advice, daycare facilities
- 330 well-baby clinics in Flanders  
& Brussels
- 500 nurses & 750 doctors
- 66.803 births/year in Flanders 2016
- Target reach > 90%



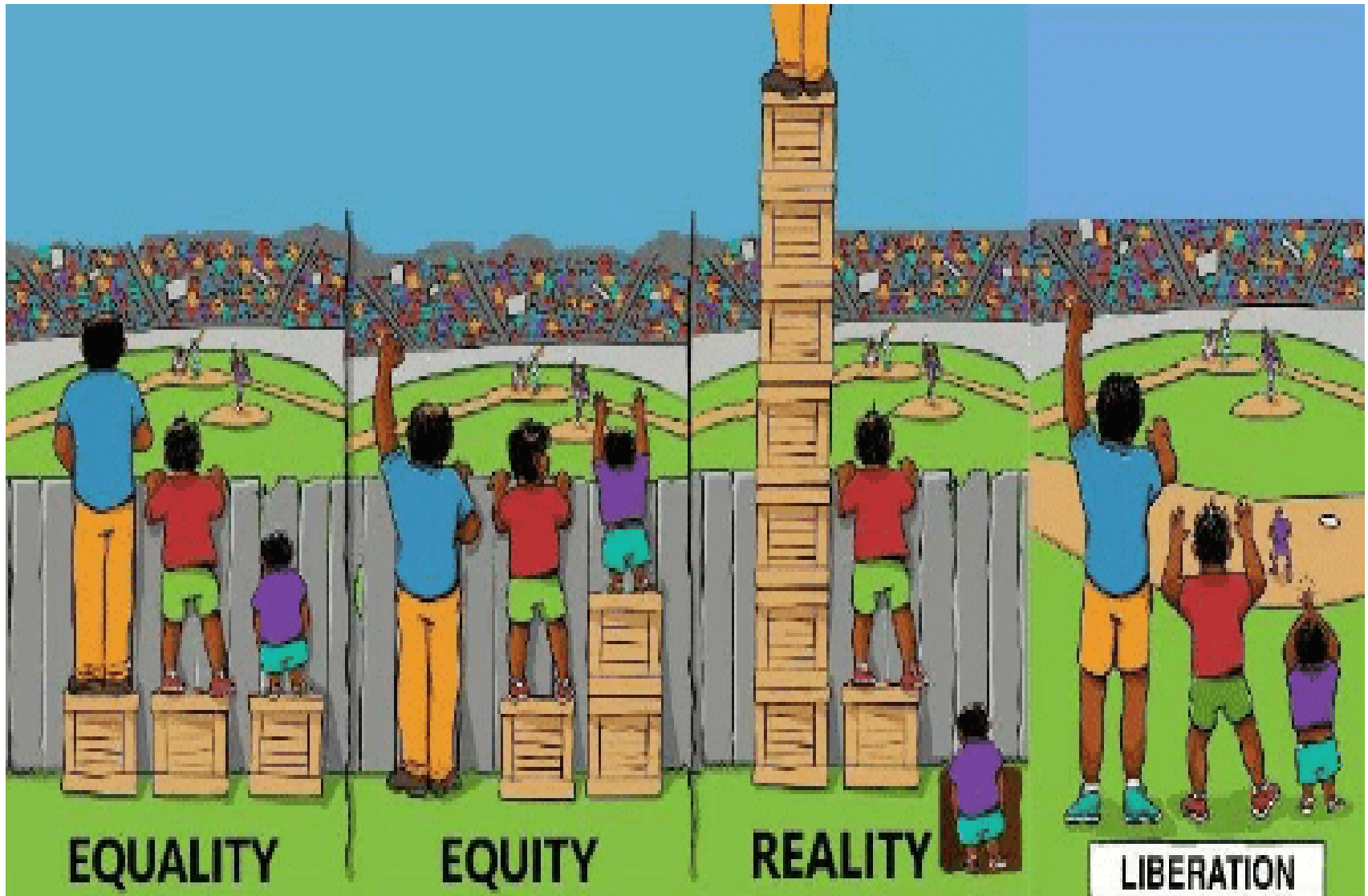
## Standard follow-up program

- Neonatal hearing screening
- Homevisits
- 10 contacts at the well-baby clinic
  - 4 weeks
  - 8 weeks
  - 12 weeks
  - 16 weeks
  - 6 months
  - 9 months
  - 12 months & 15 months
  - 24 months & 30 months



## Background & context: Mind the gap

- Social (in)equity/(in)equality in health
- Social (in)equities/(in)equality in access to health services
- Social gradient
  
- Proportionate universalism
  
- Deprivation index



## Equity in health and health care

### Equity in health:

- The ultimate goal is the elimination of all systematic differences in health status between socioeconomic groups

### Equity in health care:

- The goal is to match services to the level of need, which may result in large differences in access and use of services between socioeconomic groups, favouring the more disadvantaged groups in greatest need

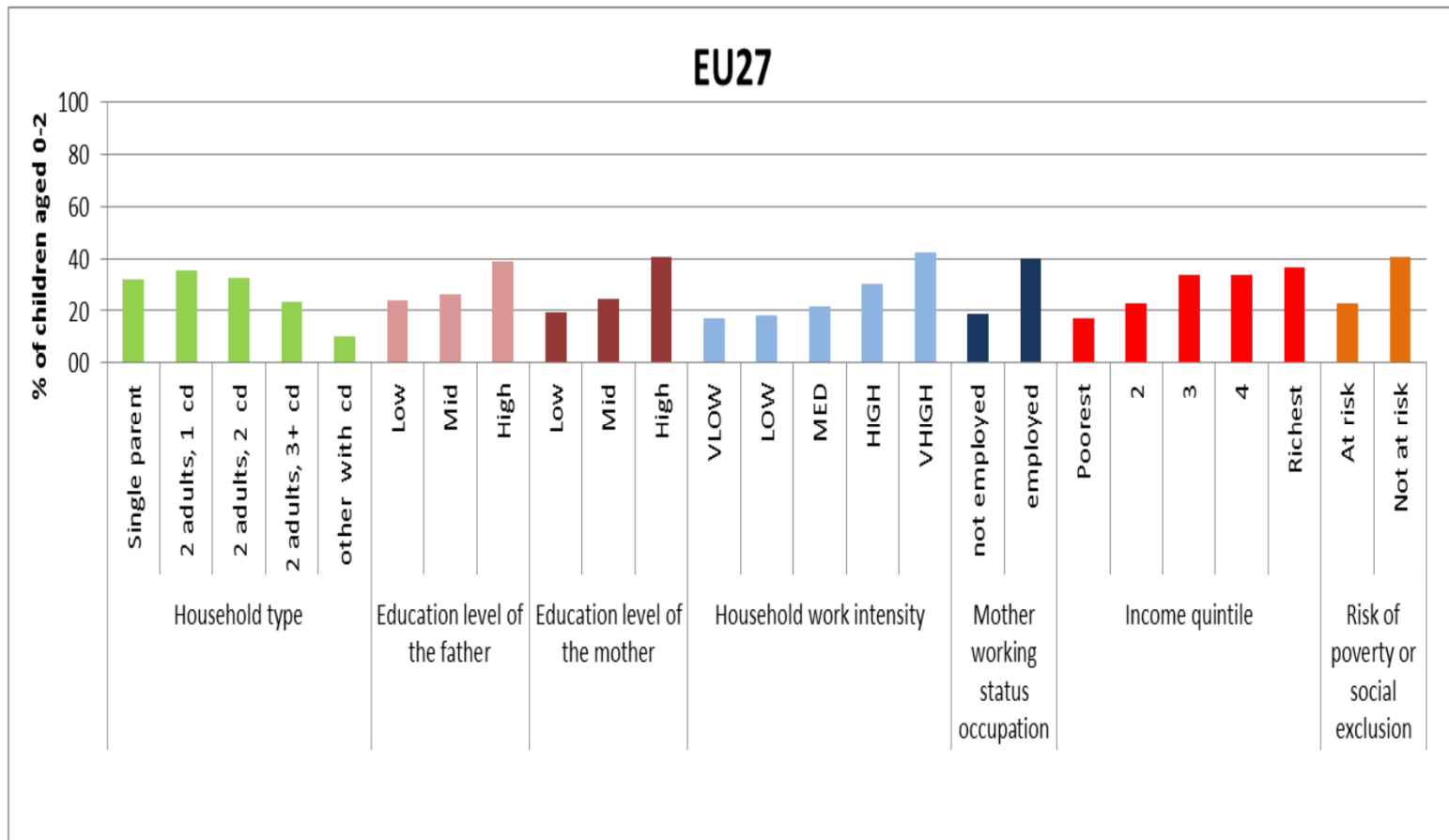
## Proportionate universalism

- *'Proportionate universalism – a universal service that is systematically planned and delivered to give a continuum of support according to need at neighbourhood and individual level in order to achieve greater equity of outcomes for all children'*
- **Universal** : for whole population
- **Proportionate** : service vary in scale and intensity in relation to the need
- **Goal** : to counter social inequity
- **Social inequity** : ~ social gradient
- **Principle** for policy & care



# Strong social gradient in the use of formal childcare for children aged 0-2

Nora Milotay, European Parliamentary Research Service  
Budapest, July 2017



## Identification of the problem

- 2010: No-show on appointments is a problem: 15-25%
  - 1<sup>st</sup> born 10% no show rate, others 15%
  - Extra appointment 25%
  - Non-vaccination appointments (6-9 mth, 24-30 mth);  
Impact on
    - efficiency of services
    - impact on vaccination & tests, follow-up growth & development
- All services are free of charge, so no manner to correct no-show behaviour (see dental care)
- October 2010 new registration system MIRAGE
  - More technological functionalities

## Action: text- & mail reminder

- Plan: reminders for **all** WB clinic appointments
- After crisis 2008: budget cuts
- 13/02/12: Text- & mail reminder
  - Alerts by mail at 4wk, 8wk, 12wk, 16 wk, 6, 9, 12, 15, 24 & 30 mths (= no cost)
  - Text alerts at 24 & 30 mths
- Reminders are incorporated in MIRAGE, the electronic health record
- Reminders are automatically send according to a protocol without interference from the nurses or doctors

## Program changes since February 2012

- April 2012 Exclusive Nurse appointments at 6 & 30 mths , 8 other contacts 2 professionals
- April 2013: start screening for amblyopia at 12 & 24 mths
- June 2015: start digital appointment tool: parents can make or change their appointments
- 01/01/2016:
  - Change in screening for amblyopia at 12/(15)-24 to 30 mths
  - Doctor – nurse separated: 6-4 / 6-5 / 6-6

Mijn Kind en Gezin

Mijn afspraken

Afspraak plannen voor Louis Eggermont

CB Borgerhout Turnhoutsebaan

**CB Borgerhout Turnhoutsebaan**  
**Turnhoutsebaan 133**  
**2140 Antwerpen**



**We verwachten Louis tussen 15/08/2017 en 11/09/2017 voor het consult van 12 weken**

De tweede reeks van vaccinaties staan op het programma. Met het Van Wiechenonderzoek kijken we naar de motorische ontwikkeling. [Lees meer...](#)

Week van Maandag **28 Augustus 2017** tot Vrijdag **01 September 2017**

Maandag 28 Augustus	Dinsdag 29 Augustus	Woensdag 30 Augustus	Donderdag 31 Augustus	Vrijdag 01 September
voormiddag geen consult	🕒 08:45 - 11:45 👤 Dr. Jutta Helmer → Inplannen	🕒 09:15 - 12:15 👤 Dr. Marina Coeckelberghs → Inplannen	voormiddag geen consult	voormiddag geen consult
namiddag geen consult	🕒 12:45 - 15:45 👤 Dr. Jutta Helmer → Inplannen	🕒 13:15 - 16:15 👤 Dr. Silvana Skocic → Inplannen	🕒 12:15 - 15:15 👤 Dr. Silvana Skocic → Inplannen	🕒 13:30 - 16:30 👤 Dr. Jutta Helmer → Inplannen
avond geen consult	avond geen consult	🕒 17:00 - 20:00 👤 Dr. Silvana Skocic	avond geen consult	avond geen consult

## 10 principles for policy action (Margaret Whitehead & Dahlgren, WHO Europe 2007)

1. Health policies should have the dual purpose: health gains in the population as a whole and reducing health inequities
2. Strive to level up
3. Three main approaches
  1. Focusing on targeted group
  2. Narrowing the health divide
  3. Reducing social inequities throughout the whole population
4. ....

## Results: absolute figures

Flemish Region		Whole population			Flemish deprived parents				
	Clinic	29-2-2012 Start reminders 13/02/12	31-12-14	31-12-16	29-02-12	31-12-14	31-12-16	Whole population	BEDEP
E m a i l  r e m i n d e r	Cons 1 maand	60,4%	65,7%	69,8%	53,5%	60,4%	64,4%	9,4%	10,9%
	Cons 2 maand	79,2%	81,6%	83,3%	77,7%	77,8%	80,9%	4,1%	3,2%
	Cons 3 maand	75,4%	78,5%	80,3%	71,1%	72,2%	74,8%	4,8%	3,7%
	Cons 4 maand	80,4%	81,5%	82,1%	79,3%	77,8%	78,1%	1,6%	-1,2%
	Cons 6 maand	74,0%	72,9%	75,8%	68,3%	65,5%	67,9%	1,8%	-0,3%
	Cons 9 maand	70,9%	73,7%	75,7%	61,3%	66,5%	67,3%	4,8%	6,0%
	Cons 12 maand	76,4%	80,2%	81,8%	73,9%	76,0%	79,4%	5,5%	5,6%
	Cons 15 maand	75,0%	80,7%	81,7%	73,0%	78,0%	79,5%	6,7%	6,5%
S M S	Cons 24 maand	54,9%	71,9%	73,9%	45,8%	60,8%	62,3%	19,0%	16,5%
	Cons 30 maand	37,6%	57,1%	60,0%	28,5%	43,3%	45,0%	22,4%	16,6%
	Target decline (Max-Min)	42,8%	24,5%	23,3%	49,2%	34,5%	35,8%	-19,5%	-13,4%

## Relative Results

Flemish Region		Ratio Whole population/BEDEP		
	Clinic	29-02-12	31-12-14	31-12-16
E m a i l  r e m i n d e r	Cons 1 maand	1,13	1,09	1,08
	Cons 2 maand	1,02	1,05	1,03
	Cons 3 maand	1,06	1,09	1,07
	Cons 4 maand	1,01	1,05	1,05
	Cons 6 maand	1,08	1,11	1,12
	Cons 9 maand	1,16	1,11	1,13
	Cons 12 maand	1,03	1,05	1,03
	Cons 15 maand	1,03	1,04	1,03
S M S	Cons 24 maand	1,20	1,18	1,19
	Cons 30 maand	1,32	1,32	1,33




## Effects on Vaccination in time

Vaccination in time	Group	2011	2016	Difference
Hexa 2	All	94,2	95,8	1,6
	BE Deprived	87,3	90,4	3,1
	5+	82,6	86,8	4,2
	Jiddish	38,3	61,3	23
	<b>MAX-MIN</b>	<b>55,9</b>	<b>34,5</b>	<b>-21,4</b>
	Relative difference ALL/BEDEP	1,08	1,06	↑
	Relative difference ALL/Jiddish	2,46	1,56	↑

## Effects on Vaccination in time

Vaccination in time	Group	2011	2016	Difference
Hexa 4	All	62,7	71	8,3
	BE Deprived	47	50,8	3,8
	5+	39,2	50,2	11
	Jiddish	24	62,1	38,1
	MAX-MIN	38,7	20,8	-17,9
	Relative difference ALL/BEDEP	1,33	1,40	↓
	Relative difference ALL/Jiddish	2,61	1,14	↑

## Effect on amblyopia screening – 24/30mth

Year of test	2014	2015	2016	Difference 2015-2016
Year of birth	2011	2012	2013	
All	57,9	87,3	88,8	1,5
BE Deprived	49	82	83,1	1,1
5+	42,1	81,3	83	1,7
MAX-MIN	15,8	6	5,8	-0,2
Relative difference ALL/BEDEP	1,18	1,06	1,07	

## Discussion

### Conclusion:

- The attendance rate ameliorated for all contacts, for the whole population and for the Belgian derived families
- Positive effect on the program goals (vaccination in time)
- The gap remains !
  
- At the start opt-in in stead of opt-out, now opt-out
- people prefer text messaging

## Future plans

- Notifications & alerts by app for all that made an account on the Digital appointment tool (no cost)
- Re-allocation of the budget in order to text reminder for all who don't have/use a mail address and don't have an account
- App is tested by the parents + users panel
  - 08/09/17-15/09/17
- Release october 2017 ???



**Thank you for your attention !**

**Questions ?**



## Literature

- G. Dunnink, Standpunt Bereik van de Jeugdgezondheidszorg. RIVM-rapport 2950010105/2010

## Deprivation Index (%)

Flemish region	2011	2012	2013	2014	2015	2016
ALL	9,7	10,5	11,2	11,4	12,0	12,8
Belgian Origin	4,4	4,5	4,9	5,1	5,5	5,8
Non-Belgian origin	26,3	28,4	30,0	29,4	30,1	31,6

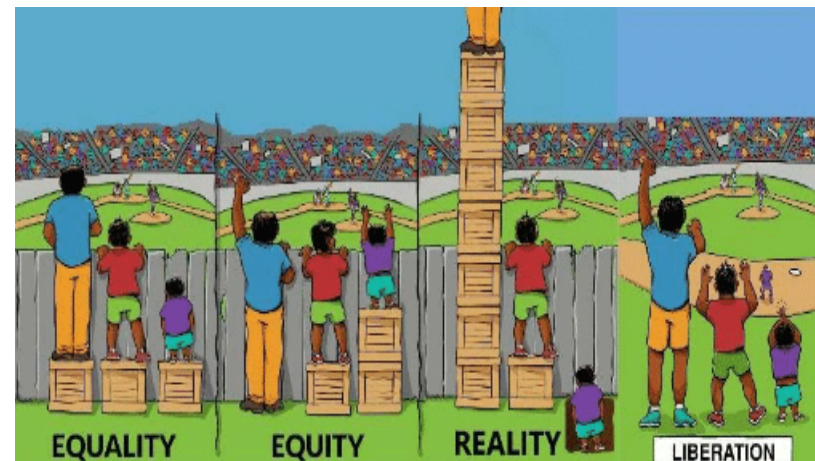


## Service Access quality Kind & Gezin

- Affordability:
  - Rotarix: 2 doses - 11,80€/dose
  - Rotateq: 3 doses - 11,80€/dose
- Accessibility
- Usefulness ~ Tuning to parents (Aansluiten bij ouders)
- Comprehensibility ~ Tuning
- Effect on Take up of service by different groups

## Why proportionate universalism

- To avoid stigmatizing groups
- To create no new exclusions and new vulnerable groups
- To accessibility
- Cost effectiveness
- Health & social rights for all
- Social justice



## Social inequities in access to health care services

- Education level mother, father
- Income
- Employment of the mother, work intensity (0, 1, 2 working parent)
- Type of Household (single parent ...)
- At risk ...
- ...

## Service Access quality

### Availability (Beschikbaarheid)

- Services available in poor neighbourhoods; first invest in poorer areas

### Affordability (Betaalbaarheid)

- free of charge or income related

### Accessibility (Bereikbaarheid)

- languages barriers, knowledges of bureaucratic procedures, waiting lists, or priorities set by management

### Usefulness (Bruikbaarheid)

- families must experience services as supportive and atuned to their demand

### Comprehensibility (Begrijpbaarheid)

- is meaning of service provisions matched with the meanings of parents

## Deprivation Index

- Deprivation is a chronic condition in which people are deprived of their opportunities to participate fully in the things to which society attaches great value, such as education, employment and housing
- *six selection criteria*
  - monthly income of the family,
  - the educational level of the parents
  - the employment situation of the parents
  - housing
  - the development of the children and
  - health.

If a family does not score well on three or more criteria it is considered to be underprivileged.

## Deprivation index

