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

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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
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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 classes, different levels

  - Introduction video + info (n=52)

  - ‘Health check’ + questionnaire (n=42)

  - Focus interviews n=25 (7, 6, 6, 6)

  | Authorization letter |
  | Criteria: sexe, worrying answer, questions for health professional |
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

<table>
<thead>
<tr>
<th>Education level</th>
<th>N</th>
<th>Min age</th>
<th>Max age</th>
<th>Average age</th>
<th>N demand for a conversation</th>
<th>N need for a conversation(*)</th>
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<tr>
<td>General</td>
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<td>8</td>
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<td>22</td>
<td>20</td>
<td>14</td>
<td>15.2</td>
<td>18</td>
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</table>

(*) N need for a conversation: Youngster who demanded a conversation + youngsters with worrying answers
de termen ASO, TSO en BSO zijn niet bekend buiten Vlaanderen.
Karel Hoppenbrouwers; 1/09/2017

Gewoonlijk vertalen we dit naar "general", "technical", "vocational"
Karel Hoppenbrouwers; 1/09/2017
## 5. Results

<table>
<thead>
<tr>
<th>No</th>
<th>Education Level</th>
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<th>Male</th>
<th>Female</th>
<th>Average age (y)</th>
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<th>N Need for a conversation (*)</th>
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<td>-</td>
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</table>

(*) N need for a conversation: Youngster who demanded a conversation + youngsters with worrying answers.
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)
in de slide zelf duidelijk maken waar deze score voor staat?
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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 ~ 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

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dit is een lege slide?