SCHOOL HEALTH CHECKS

Evaluating the effectiveness and outcomes in a remote setting

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INTRODUCTION

Cape York

- Geographically remote
- Large gap in health outcomes on the Cape
- Limited access to health care
- Indigenous population 7687
- 56% Aboriginal & Torres Strait Islander
School health checks done annually

Based on the Indigenous MBS 715 health check

Rationale for checks:

- to provide comprehensive primary health care
- early detection of common conditions
- appropriate referral, treatment and follow up
- to improve overall health outcomes and improve quality of life
As part of quality assurance activities an opportunity arose to evaluate our current health check procedures

- Western Cape College, Weipa

- The evaluation was for grade 7’s and grade 11’s (n=99)

- There were 4 participating health service providers
Does mass opportunistic school health checks in remote settings improve health outcomes for those screened?
1. Map out health check process
2. Determine process acceptability
3. Assess health outcomes at 4 & 8 months
Mixed methods approach in 3 stages:

1. Process mapping through consultation with service providers and students & participation in the process
2. Process acceptability through pre-and-post health check questionnaires and interviews of students and health staff
3. Analysis of data for pre-existing and new conditions and referrals made and actioned over an 8 month period
RESULTS

Process Mapping

- Lengthy – 3 months of planning
- Labour intensive
- Multiple stakeholder engagement
- Multiple issues requiring resolution

Screening 3 DAYS

106 DAYS

240 DAYS
RESULTS

Acceptability of Process

- Questionnaires completed by:
  - 26% (n=61) Gr 7
  - 24% (n=38) Gr 11
  - 64% (n=50) health staff

- Acceptable by 96% (n=25) students surveyed

- Issues identified by students:
  - Boredom 56%
  - Lack of privacy 44%
Acceptability of Process cont.

- Peer group safety:
  - 88% (n=16) Gr 7
  - 33% (n=9) Gr 11 (despite privacy issues)

- 84% (n=32) of staff felt collaboration improved student health outcomes
Health Outcomes

A positive health outcome was defined as:

- the timely identification of a condition requiring referral to service and
- appropriate completed management of that referral at the 4 and 8 month review
Referrals by service as a percentage of total referrals (n=230)

- SEWB & ATODS: 25%
- GP issues: 20%
- Ear review: 17%
- Dentist: 13%
- Dietician: 16%
- Other: 9%
REFERRALS ACTIONED FOR GR 7

- % complete at 4m
- %complete at 8 m

Percent

ATODS(1)  SEWB (25)  Ear RN (10)  Paeds (9)  Optom (6)  ENT (2)  audio (5)  Dentist (17)  Dietician (18)  DM Educator (8)  GP issues (30)  Podiatry (1)
REFERRALS ACTIONED FOR GR 11

Cape York communities own solutions to live long healthy lives, strengthening our culture and regaining our spirit.
LIMITATIONS

1. Small sample size (n=99)
2. Single participating site of high school students
3. Only 25% of students completed questionnaires
4. Lack of information on pre-existing conditions
School health check activity does not equate to improved health outcomes

There is benefit for those in communities which:
- Are remote
- Have limited access to health services
- Traditionally have poor health outcomes

Intangible benefits such as health promotion
CONCLUSIONS AND IMPLICATIONS

Our communities own solutions to live long healthy lives, strengthening our culture and regaining our spirit.
Embedding regular health practitioners in schools in remote settings will provide regular, safe accessible health services thereby:

- Improving access - address poor health seeking behaviour
- Improving opportunistic follow up
- Providing group health promotion - improving health literacy

Outcome = successful case for funding school based nurses in large Cape communities
KEY MESSAGES

1. Periodic health check activity does not necessarily equate to improved health outcomes

2. In remote settings, school health assessments provide care to children who may otherwise miss out

3. This service model can be improved by ongoing links between education and health

4. Apunipima is trialling a school based nurse in a large Cape York community
NATIONAL IMPLICATIONS

- Remote Australia – findings are relevant to remote regions
- Aboriginal and Torres Strait Islander Health Plan 2013 - 2023
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- Queensland Health nursing staff and health workers
- TMT GP registrars
REFERENCES


COSTING MODEL

- Worked with a health economist:
  - University of Newcastle
  - Andrew Edwards

- Developed a model:
  - Based on the current health check processes
  - Compare with cost of embedding service in schools
  - Applied as policy lever to show financial sense with good health outcomes

- Next stage of study