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CAPE YORK HEALTH COUNCIL

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

SCHOOL HEALTH CHECKS

Evaluating the effectiveness and outcomes in a remote setting

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INTRODUCTION

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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

BACKGROUND

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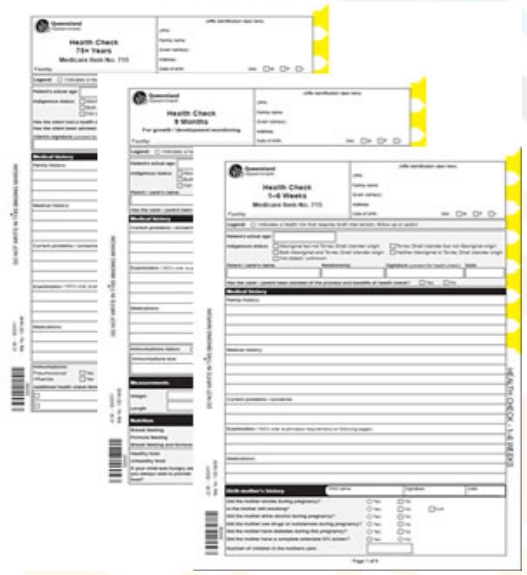
- School health checks done annually
- Based on the Indigenous MBS 715 health check
- Rationale for checks:



  - 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

BACKGROUND

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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

RESEARCH QUESTION

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Does mass opportunistic school health checks in remote settings improve health outcomes for those screened?

AIMS & OBJECTIVES

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1. Map out health check process
2. Determine process acceptability
3. Assess health outcomes at 4 & 8 months

METHODS

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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

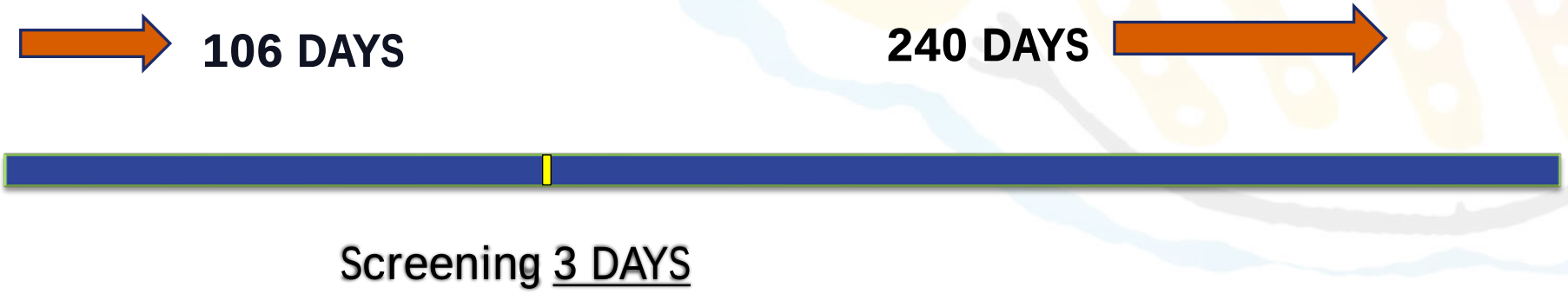
Process Mapping

Lengthy – 3 months of planning

Labour intensive

Multiple stakeholder engagement

Multiple issues requiring resolution



RESULTS

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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%

RESULTS

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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

RESULTS

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

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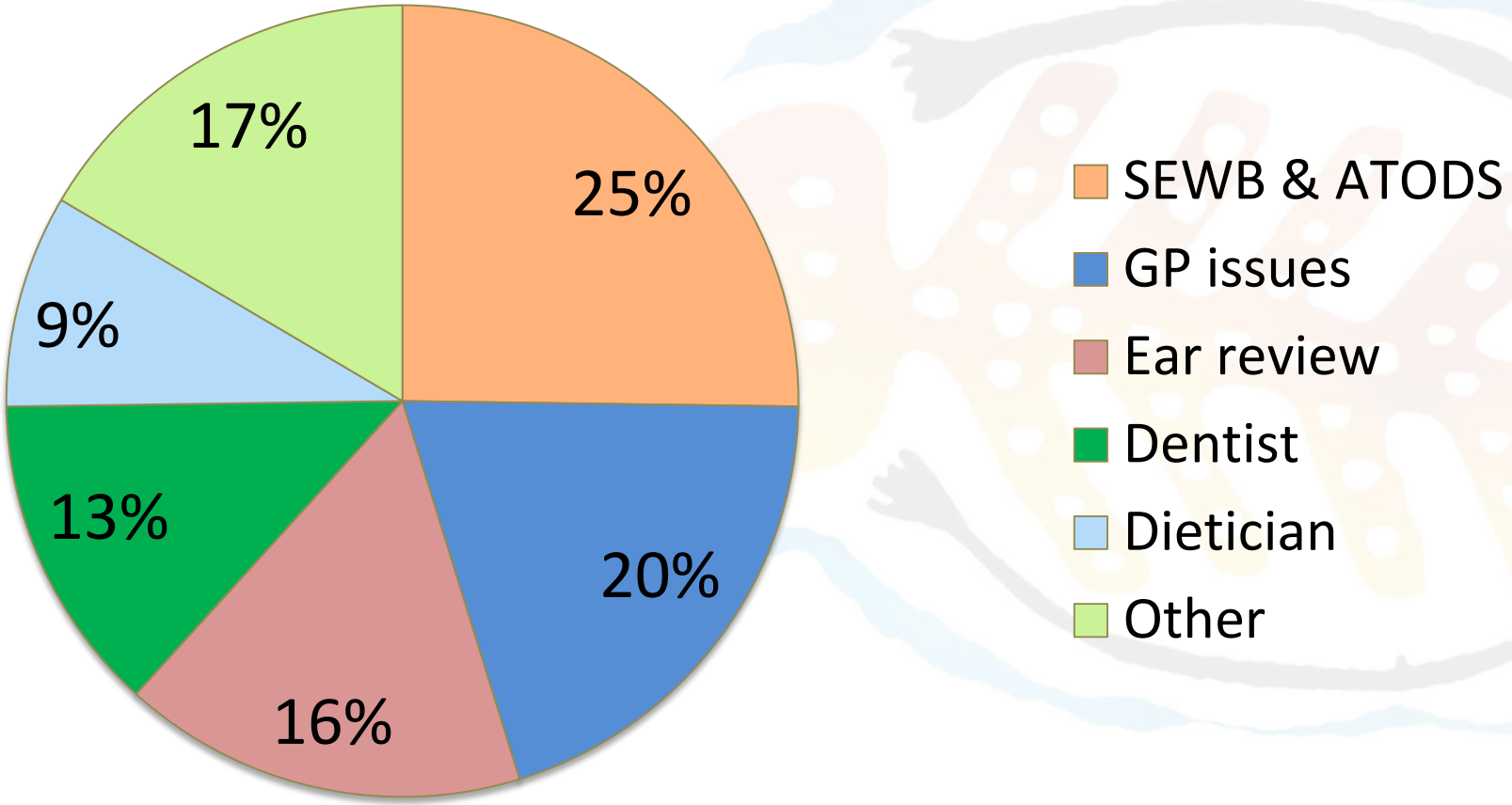
Referrals by service as a percentage of total referrals (n=230)



REFERRALS ACTIONED FOR GR 7

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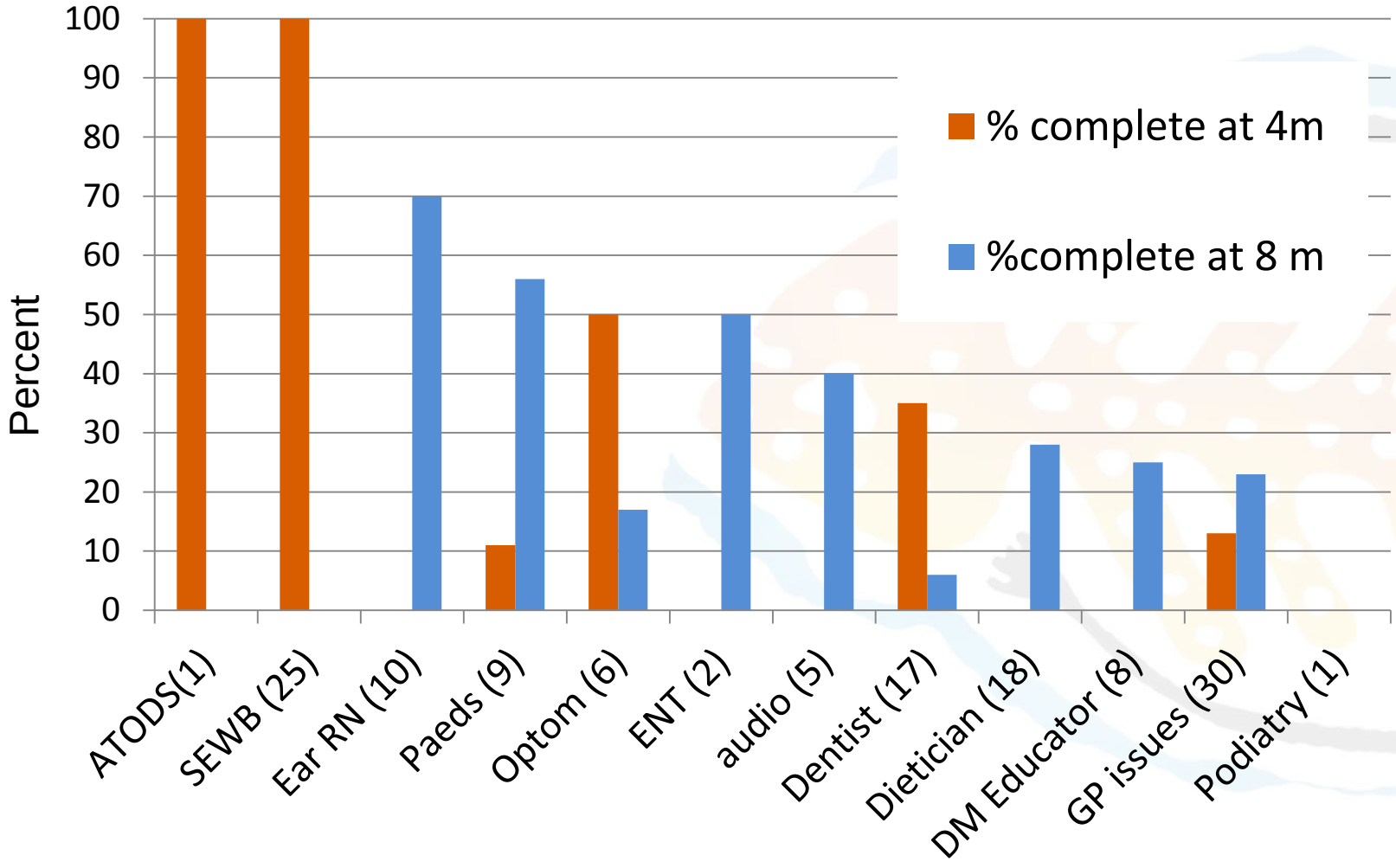

REFERRALS ACTIONED FOR GR 11

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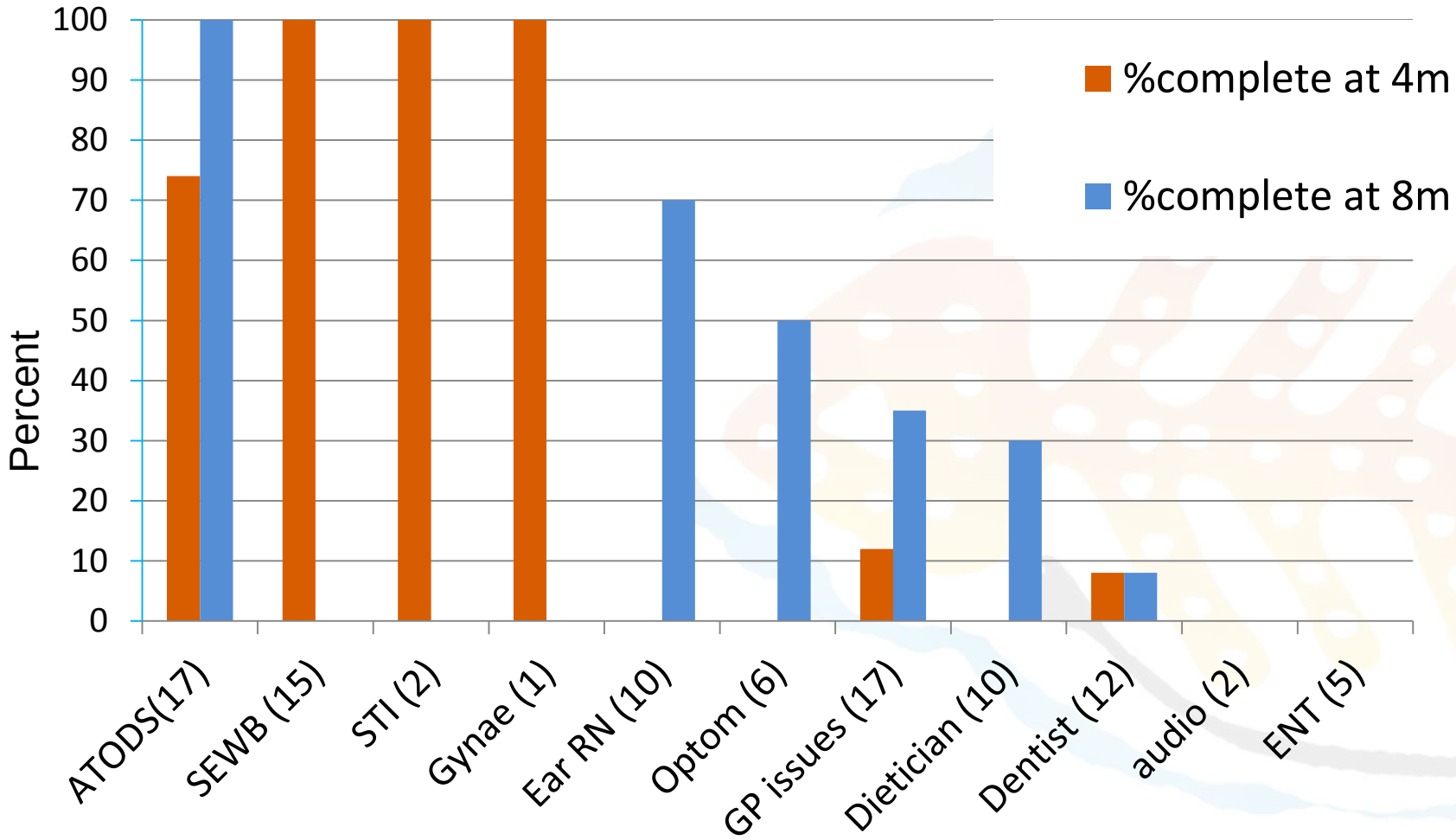

LIMITATIONS

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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

SUMMARY

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- 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

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CONCLUSIONS AND IMPLICATIONS

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- 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

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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

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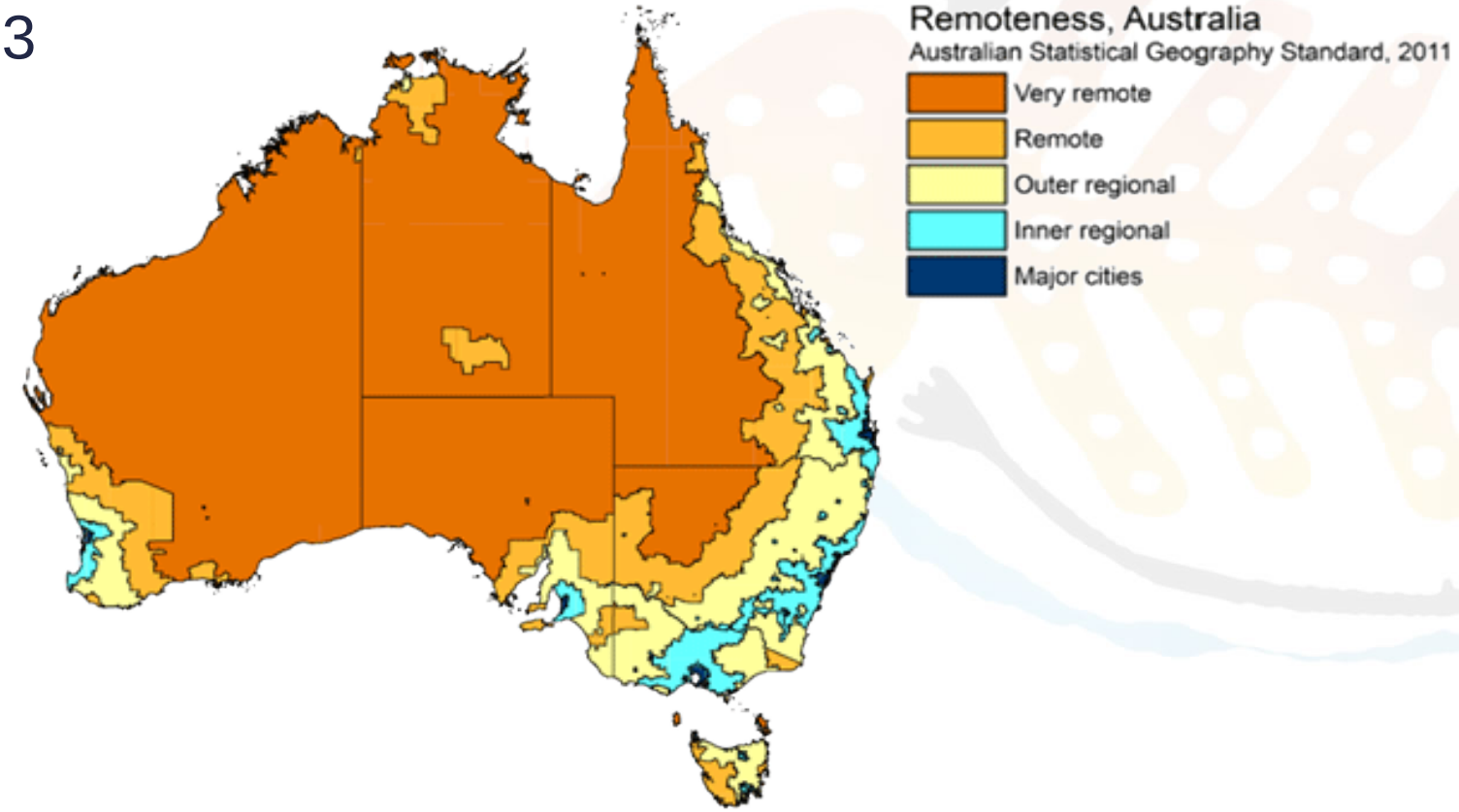
- Remote Australia – findings are relevant to remote regions

- Aboriginal and Torres Strait Islander Health Plan 2013 - 2023



ACKNOWLEDGEMENTS

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- Queensland Health nursing staff and health workers
- TMT GP registrars

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COSTING MODEL

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- 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