
Raising Healthy Kids Target Definition

What is the Raising Healthy Kids target?

The health target is that 'By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.'

What is the purpose of the target?

At the core of the target is a desire to:

- build momentum to ensure that referrals of obese children are acted on to manage any clinical risk associated with obesity (rule out any underlying health risk);
- encourage the parents to take some action; and
- regularly monitor the child's growth towards supporting the child to achieve a healthy weight.

Which healthcare professionals can children be referred to?

From 1 July 2016, the Ministry accepts the following registered health professionals as valid referrals for the purposes of the health target

- general practitioner
- practice nurse
- community dietician
- public health nurse
- multi-disciplinary team that includes a registered primary health care professional in attendance

These practitioners need to have the requisite skills to conduct a clinical assessment and be able to ensure the child's growth is routinely monitored.

A child may simultaneously be referred to a family based nutrition, activity and lifestyle intervention. However this alone would not count as referred for the purposes of the health target. Reporting will include information on these referrals.

Why do referrals need to be acknowledged to count towards the target?

The rationale for acknowledgement of referrals is to recognise the shared responsibility for referrals in ensuring the 'handover' is complete and that these children and their families are followed up in a timely way by their primary or community health care team for clinical assessment, and routine monitoring.

Several Healthy and Disability Commission cases have highlighted the importance of primary and community health care providers following up on referrals they have made. This includes ensuring the child's caregiver is adequately informed about the referral process and steps to take if they have not heard from the service referred to within a certain timeframe.

There are a number of ways providers can follow up on referrals made, for example fax, phone call, a secure form of system generated messaging – there could be other ways. The key issue however is that there must be a mechanism in place that notifies the referrer (plus or minus the family) that the referral about a specific child was received.

Those receiving the referrals must be aware of their own responsibilities in ensuring children are not being inadvertently overlooked or delayed by responding to and following up on referrals.

Processes need to be auditable.

How are the data extracted for the target?

Each quarter, data is pulled from the Before School Check (B4SC) database for DHBs to report on the target.

The reporting period for the Raising Healthy Kids health target for quarter one will be the six-month period from January to June, where the 60 days for acknowledgement for the referral still applies.

The change to the expectation of a 30-day acknowledgement of referrals applied from 1 July 2016. The first reporting quarter where this 30 day expectation will cover all checks captured in the data reported is quarter three of 2016/17.

Quarter two will include a mix of completed checks with the 60 days acknowledgement period (for checks completed prior to 1 July 2016) and 30 days acknowledgement period (for checks completed from 1 July 2016).

The data extract occurs approximately two months after the period the check is undertaken to allow appropriate time for referral and acknowledgment to occur. For example for quarter one the data extract will occur in early September covering B4SC checks occurring in the six month period January to June 2016.

How is the target result calculated?

As an example, for quarter 1 of 2016/17

- the **denominator** is the number of children identified as obese (BMI>98th percentile) from all completed checks¹ processed in the six month period from January to June 2016²
- the **numerator** is a subset of the group of children identified in the denominator. The numerator is the number of children where their referral was acknowledged within 60 days (30 days applies from 1 July 2016)³ **or** who are already under care **or** the referral was declined by the parent/caregiver

¹ Only completed B4SC checks are included as part of the denominator where all the components of the B4SC have been completed and all necessary referrals made and entered into the B4SC system

² Note that historically the B4SC check month is always from the 8th of the month to the 7th of the following month to allow a lag at the end of the year for the data from all completed checks to be entered, so in affect the period is 8 January to 7 July.

³ The 30 (or 60 days) includes weekends and holidays. The date used is the date referral sent (field in the B4SC database), and when date of acknowledgement entered; the acknowledgement period is counted from the referral sent date