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CONFERENCE ABSTRACT

# Tailoring community preventive care to personal health needs: a data-driven and participatory approach

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A digital platform with tools for health promotion was developed as a proof of concept in co-creation with all relevant stakeholders involved: citizens, caregivers, and local policy makers, aiming to optimize community preventive care.

The platform, referred to as BIBOPP, was developed as a proof of concept focusing on prevention and health promotion for citizens, local policy makers but also for primary care givers wanting to offer personalized follow up. To this end, we set up multiple co-creation sessions with different target groups of end users, including those with expected limited digital literacy skills, eg. older adults and people with no or low formal educational background. Based on this input, the functionalities of the tools were designed and developed and afterwards tested with a new group of end-users.

The online prevention platform offered citizens from 5 Flemish municipalities a digital screening, allowing them to evaluate their health and lifestyle. This screening is the Domus Medica Health Guide (GGDM), an evidence-based tool predicting personal risk for chronic diseases. The outcome of the screening is linked to the electronic medical health record hosted by the general practitioner, notifying the latter in case of excessive risk and involving him in the process of disease prevention and health promotion.

Based on the personalized lifestyle advice resulting from the survey responses, end users then received an overview of activities and primary care providers in their community, tailored to their personal risk profile and preferences.

The data collected with consent from the end users, yielded insights on the self-reported lifestyle and health of these participants. On an aggregated level, this tool has the potential to provide data for population health management.

First lessons learned indicate that the platform did require significant digital literacy skills from end-users, as indicated by the participants younger age and relatively healthy lifestyle (eg. less than 10% smokers, +50% daily physical activity, …). However, in a co-creation session group with older adults, they indicated that digital skills were not a threshold when peer support was available. Furthermore, they recognized that the tool helped them in the self-management of their health and that they trusted the data governance. People with low to no formal educational

background on the other hand were more suspicious about the tool and data governance unless this was offered to them through their trusted care providers. Also, older adults indicated that support with the interpretation of the advices by a health professional could be of added value.

Next steps for BIBOPP now are involving these health professionals, and more specifically primary care actors in onboarding and guiding people to and through the platform.

To conclude, this data-driven proof of concept co-designed with end-users, has promise to deliver personalized services, strengthen community preventive care, and optimize the local health policy.