

# Western Australia's Children and Their Health

A COLLABORATION BETWEEN THE TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH AND THE EPIDEMIOLOGY BRANCH, DEPARTMENT OF HEALTH



## NORTH METROPOLITAN AREA HEALTH SERVICE - HEALTH CARE SERVICES

### Health Care Services

Health care utilisation data are important for a variety of reasons. Such data:

- provide an indication of the expressed level of health need across different populations and communities;
- highlight the degree to which different populations and communities experience different levels of access to the same forms of care; and
- outline patterns of service use across age and gender.

The 2004-05 National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS, 2006) suggested that in any two-week period, approximately one in three 0-14 year old Australians will take some form of action for their health. The most likely action to be taken is a consultation with a medical practitioner. Across Australia, almost 600,000 0-14 year olds consult with medical practitioners in the course of any two-week period (ABS, 2006).

Other health professionals that commonly deliver health care to children include dentists, pharmacists and nurses. Consultations by Australian children with dentists, pharmacists and nurses are estimated to number almost 500,000 in any two week period.

Overall, the prevalence of recent consultation with health professionals is similar among male and female children.

NHS data suggest that in the last decade, the proportion of children consulting health professionals in any two week period has declined somewhat among 0-4 year olds and remained constant among 5-14 year olds. The decline among 0-4 year olds is largely a consequence of reduced use of medical practitioner services.

During 2002-2005, the Western Australian Department of Health's Health and Wellbeing Surveillance System has included a series of items on health care utilisation. These items, which spanned a range of primary and acute care service categories, are the focus of this report.

### Papers on Western Australian Children and Their Health

Papers in this series will focus on the following topics:

- 1. A healthy start to life**  
Pregnancy, birth and early caring behaviours.
- 2. A healthy home life**  
Parenting and the home environment.
- 3. Health care needs**  
Chronic health conditions.
- 4. Health care services**  
Service utilisation.
- 5. Health behaviours**  
Risk and protective behaviours.

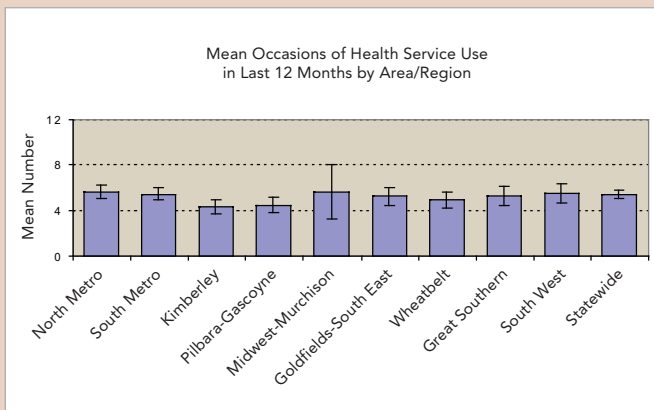
POPULATION PROFILE	
HEALTH RISKS	INDICATORS OF CHILD HEALTH NEEDS
ILLNESS/DISEASE	
<input checked="" type="checkbox"/> HEALTH CARE USE	
MORTALITY	
COMMUNITY WELLBEING	INDICATORS OF CHILD WELLBEING
FAMILY WELLBEING	
INDIVIDUAL WELLBEING	

▲ **Indicator:** A statistic chosen to describe (indicate) a situation concisely, help assess progress and performance, and act as a guide to decision making... (AIHW 2006)

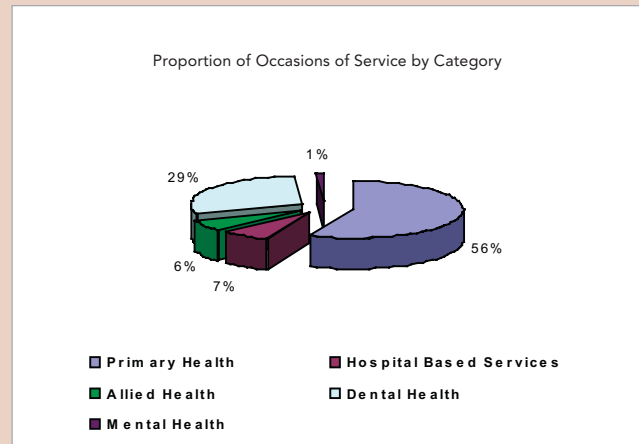
### Health Care Utilisation and Insurance

Occasional use of health care services is a commonplace aspect of life for most of the Australian population (AIHW, 2006). The West Australian Health and Wellbeing Surveillance System (HWSS) suggests that among the State's 0-15 year olds, use of health care services occurs at an average rate of approximately once every 2-3 months. HWSS data also suggest that average occasions of health service use among children are relatively consistent across the nine Department of Health administrative Areas/Regions.

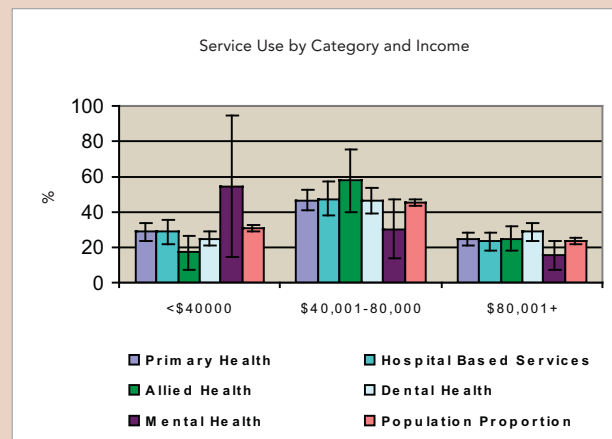
The following graph provides a high-level general marker of both the level of fairness and relative ease of access that exists across the State in regard to health care for children.



HWSS data indicates that among the State's children, the vast majority of health care utilisation occurs within community settings. Within the community based group of health care, the most common category used by children is primary care, which includes general practitioner and community health services. This category accounts for six-in-ten of all episodes of health care use by children in WA (95% C.I. 54.2-57.4%).

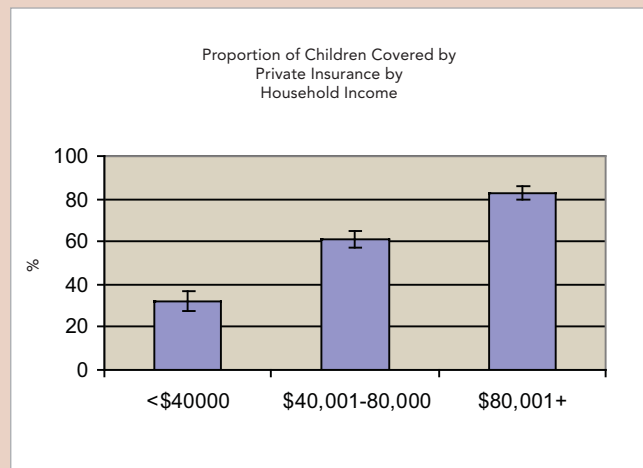
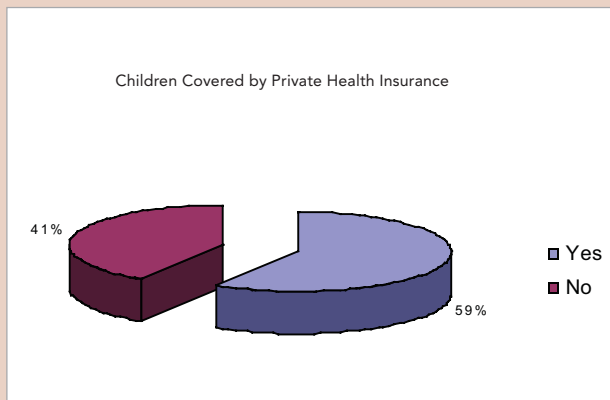


HWSS data suggests that patterns of health care use among children do not vary substantially across income categories. Exceptions to this are dental care and allied health, which are used less frequently by children from low income families than those from middle and higher income categories. However, insofar as the core government funded or subsidised health service areas are concerned (i.e. primary health, hospital services and mental health), use is not related to income.

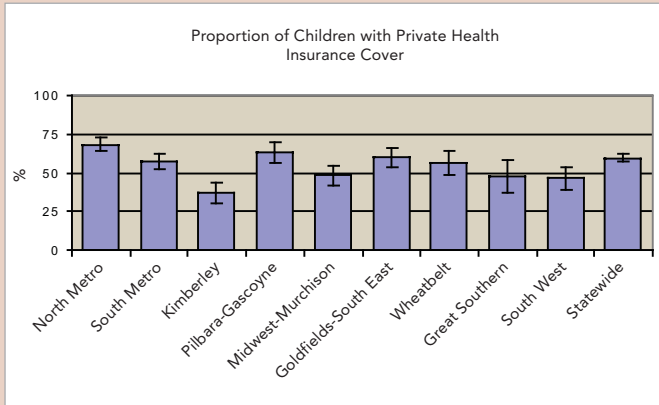


Six-in-ten Western Australian children have some form of private health insurance cover (95% C.I. 56.8-61.7%). Data from the ABS National Health Survey suggests that nine-in-ten people with private health insurance have hospital cover and that eight-in-ten have ancillary cover (ABS, 2006). As a consequence, it is estimated that more than one in two Western Australian children aged between 0-15 years are covered by a private health insurance policy that would provide reimbursement for an episode of hospital care.

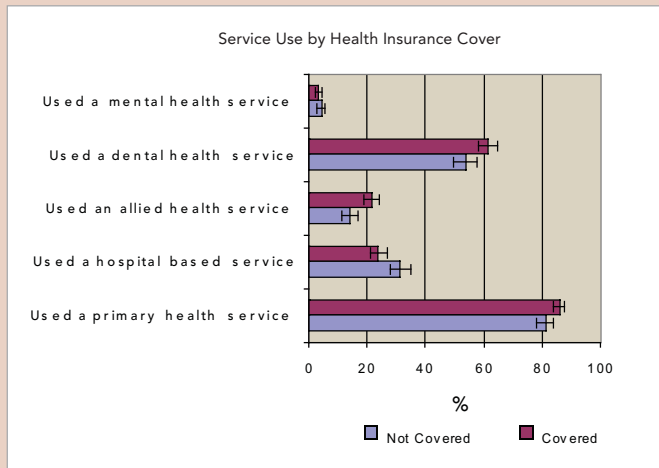
Not surprisingly, private health insurance cover appears to be strongly associated with household income levels. The proportion of children with private health insurance exceeds 80% in households with incomes of more than \$80,000, while among households with incomes of less than \$40,000, approximately one in three have this form of health cover.



The prevalence of private health insurance coverage among children varies somewhat across WA Department of Health administrative areas. There is a general but not universal tendency for private health coverage to be higher among children living in the metropolitan area than it is among those in the Regions.



HWSS data suggests that children's access to different types of health care is at least somewhat influenced by their health insurance status. Those with private health insurance appear a little more likely to have accessed dental and allied health care in the last 12 months than those without this form of cover. At the same time, children with private health cover appear to be somewhat less likely to have used hospital based services in the last 12 months.



It is likely that part of the apparent difference in health care utilisation between children with and without private health cover can be explained by differential use of public and private health services. For instance, most forms of allied health care can either be accessed without charge through many public hospitals/community health centres or, alternatively, on a fee-for-service basis from private providers. Low income families, who are much less likely to have health insurance, confront significant cost barriers to the use of fee-for-service health care. Thus, wherever possible, they will be more likely to choose a public health care provider. In contrast, families with moderate to high incomes and private health cover have fewer barriers to use of fee-for-service health care and are more likely to choose this option.

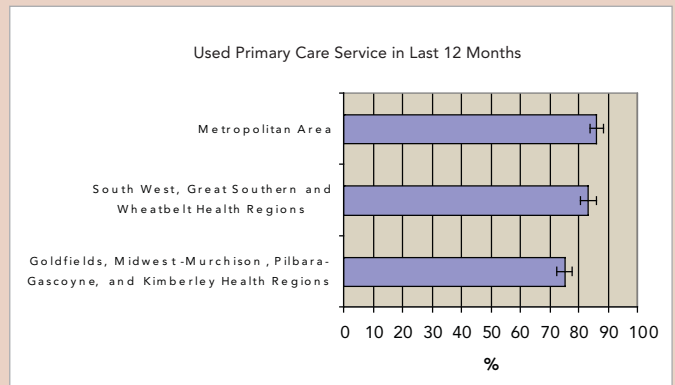
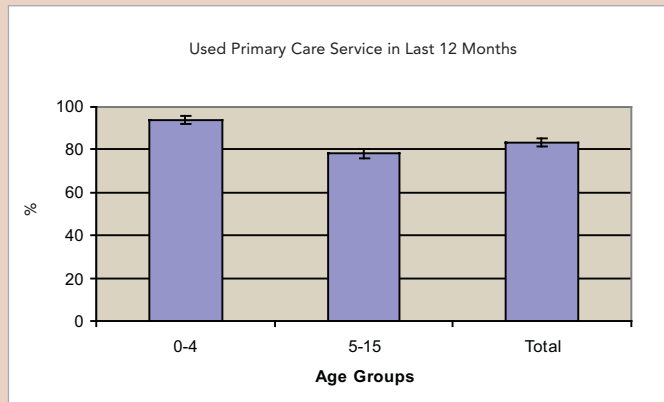


### Primary Care

For most children, the primary health sector caters for the bulk of their out-of-home health care needs. General practice is at the forefront of the sector, playing a critical delivery and linking function. However, primary health services also include staff working in community health centres, school health nurses and medical specialists. Taken together, primary health care services are central to the overall functioning of the Australian health system.

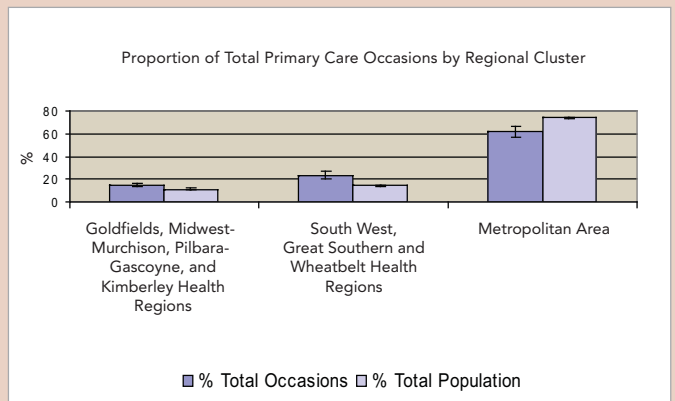
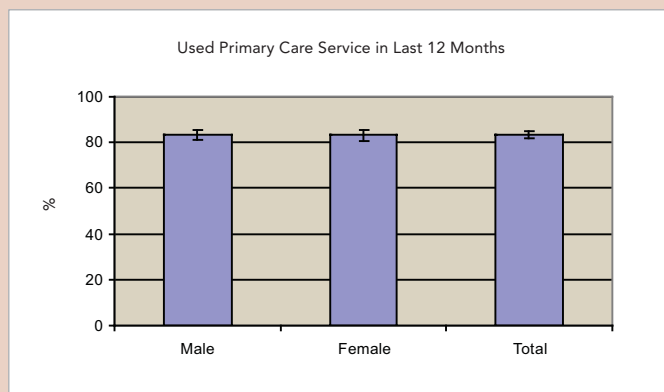
HWSS data indicates that almost all Western Australian children will use a primary health care service during the course of a twelve month period. The proportion of the population using primary care services in a twelve month period appears to decline somewhat with increasing age. In part, this is likely to be a result of the emphasis given to delivering universal "well-child" health services during the early childhood years (e.g. childhood immunisation schedule).

The 12-month prevalence of use of primary care services by Western Australian children appears to be generally similar across the State. While children living in more remote parts of the State are marginally less likely to use a primary care service over the course of a year, this difference may be explained by the common practice of providing all health services from hospital facilities in remote areas.



Interestingly, while HWSS data suggests that the proportion of children using primary care services over a 12 month period is highest in the metropolitan area, the per child share of total annual primary care occasions of service is lower in Perth than in other parts of the State. While this may relate to differences in health needs between children living in metropolitan and rural areas, the data suggest the explanation is more likely to lie in easier access to primary care services for children in some rural centres.

Over the course of a year, the proportion of male and female children that use any type of primary health care service appears to be similar.

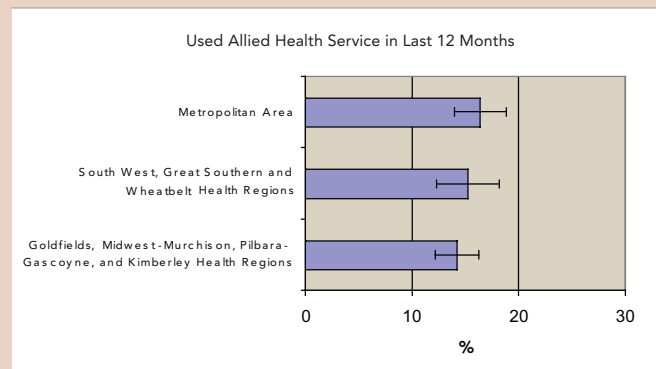
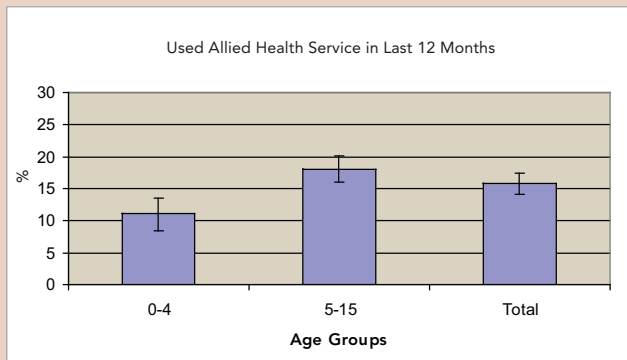


### Allied Health

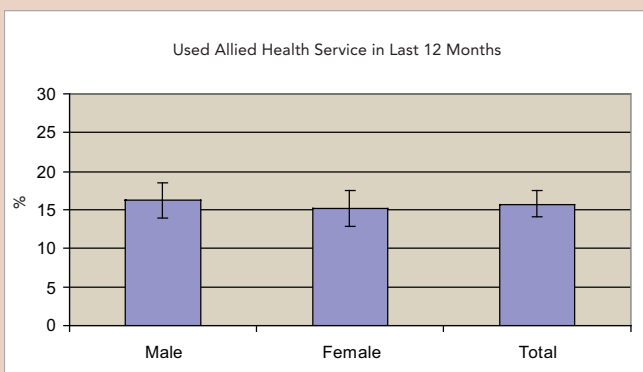
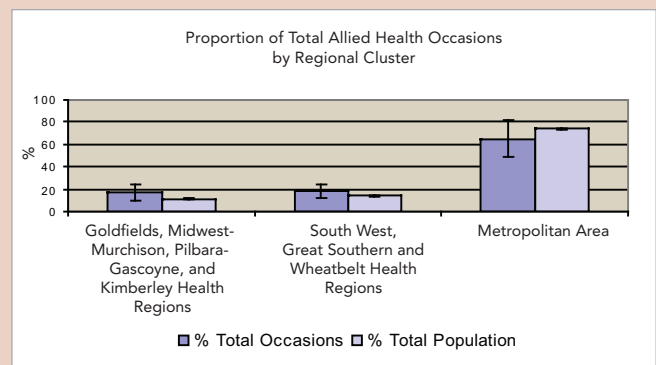
The HWSS included an item which asked about children's use of allied health services in the past 12 months. Included within the definition used were "opticians, physiotherapists, chiropractors, podiatrists, dieticians, nutritionists, occupational therapists, and diabetes/ other health educators".

Overall, the data suggest that approximately one in six 0-15 year old children in WA use an allied health service over the course of a year. Not surprisingly, 0-4 year olds are less likely to have used an allied health service than their older counterparts.

HWSS data suggest that the proportion of children using an allied health service at least once in the last year is similar across the State. Similarly, the share of total allied health occasions of service provided to the State's children is consistent with Regional population sizes. Thus, on both measures, access to allied health care to children across the State appears to be "fair".



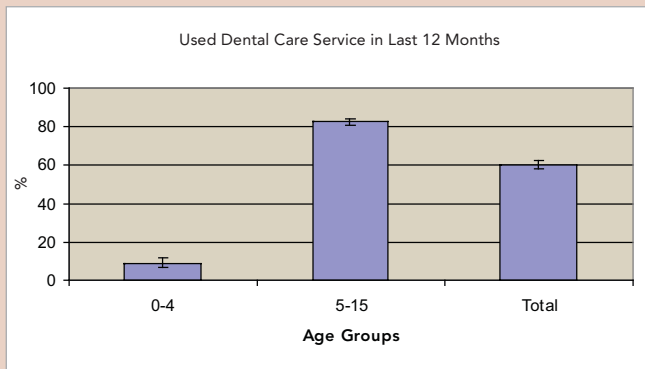
The proportion of male and female children using allied health services in a 12 month period appears to be similar.



### Dental Health

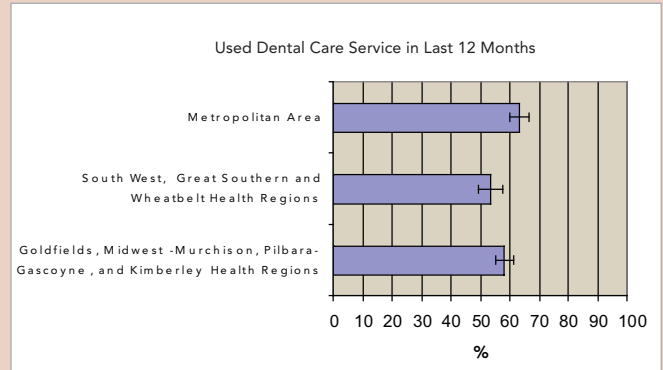
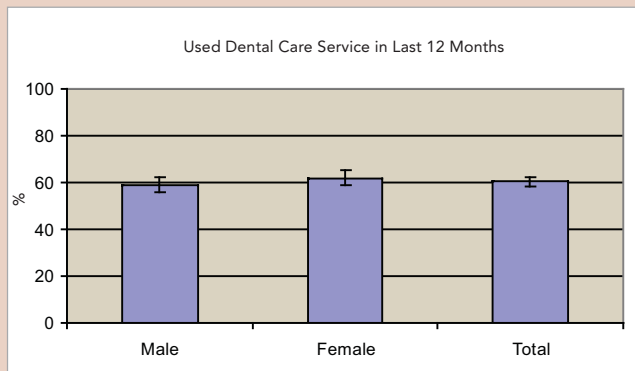
In Western Australia, the Department of Health's School Dental Service provides free general dental care to all primary and most secondary school students. Dental care, emphasising prevention and education, is provided from clinics located at schools across the state.

Alongside the Statewide school-based dental service, there is an extensive network of private fee-for-service dental services located across Western Australia.



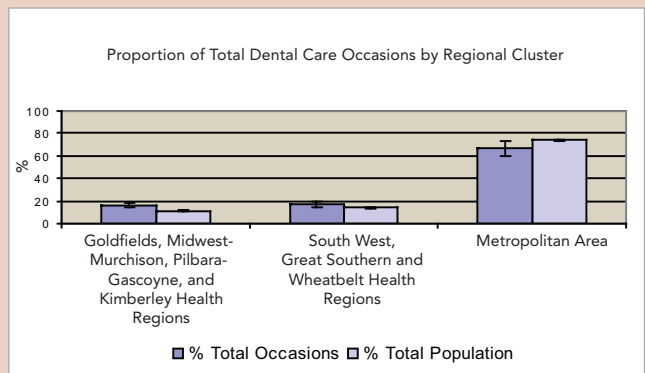
HWSS data suggest that three in five Western Australian 0-15 year olds use some form of dental health service at least once per annum. Children's use of dental services by is largely concentrated in the school years.

Annual use of dental health appears to be similar among boys and girls in the State.



The prevalence of use of dental health services during the last 12 months appears to be similar across most parts of the State. There is, however, a small but significant difference between children living in the metropolitan area and those in the South West, Great Southern and Wheatbelt Regions.

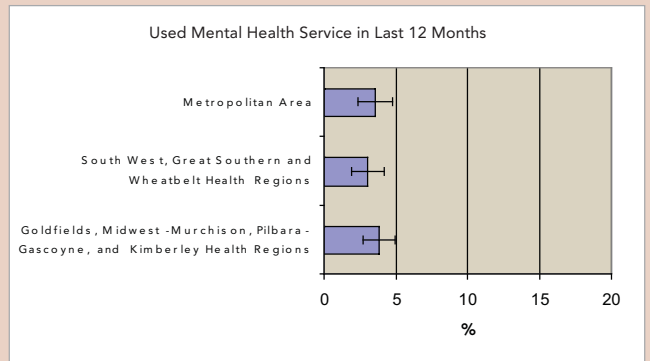
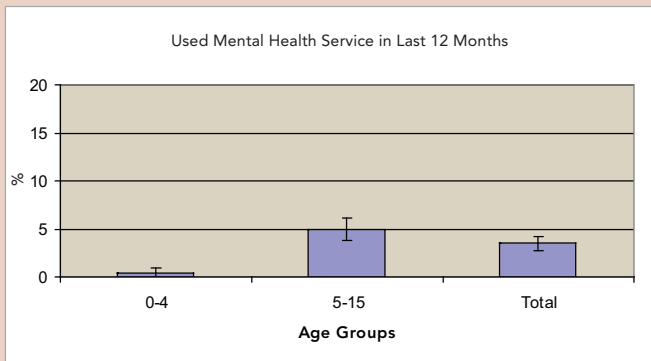
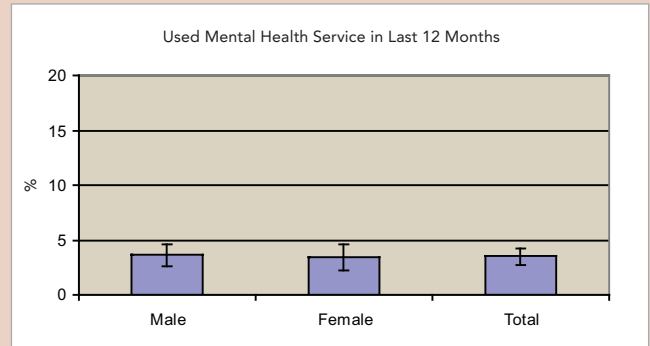
Overall shares of total occasions of dental care among children in the various Western Australian regions are generally consistent with population sizes within the regions. The conclusion to be drawn from this data is that children's overall access to dental care across the State appears to be relatively equal.



### Mental Health

The HWSS included an item which asked about children's use of mental health services in the past 12 months. Included within the definition used were "psychiatrists, psychologists and counsellors".

Few Western Australian children in the 0-15 age range appear to use mental health services during the course of a 12 month period. Of those that do, most are school-aged.



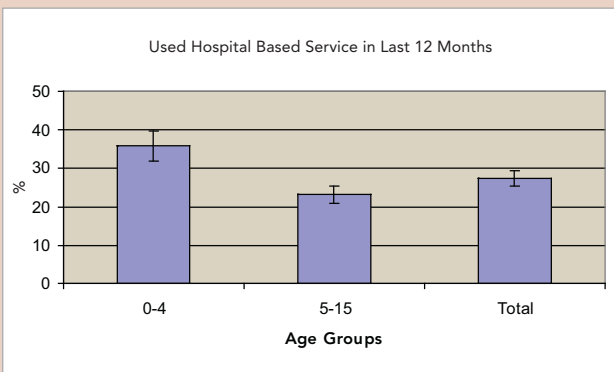
Among children in the 5-15 year age range, approximately one in twenty access a mental health service at least once a year. The prevalence of annual use of mental health services appears to be similar among boys and girls and across all areas of the State.



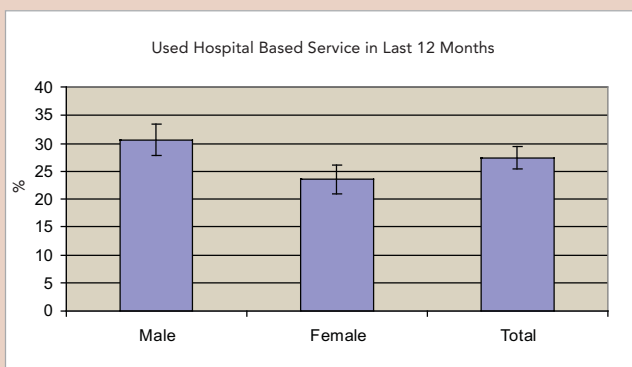
### Hospital Services

A range of health services are provided from hospitals. These include emergency, inpatient and outpatient care. Hospital services provided to Western Australian children are delivered from an extensive network, which includes a specialist 250 bed tertiary paediatric facility (Princess Margaret Hospital), a series of hospitals with dedicated paediatric beds and services, through to generalist facilities which also deliver health care to children.

HWSS data suggests that approximately one in four Western Australian children use a hospital service somewhere in the State during a 12 month period. Annual use of hospital services is significantly more common among younger children (see graph below). The 0-4 age-group accounts for almost half of total hospital occasions of service among the 0-15 year age range (95% C.I. 35.1-51.7%).

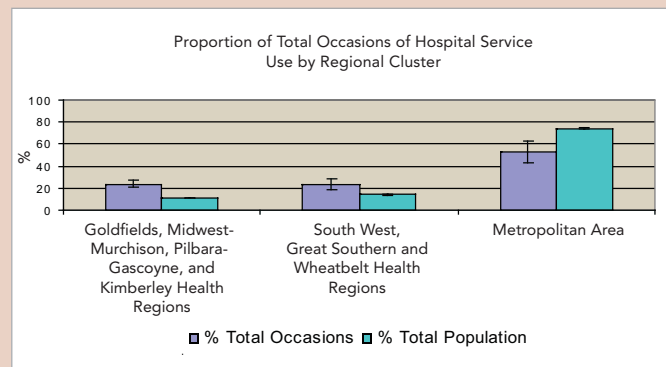
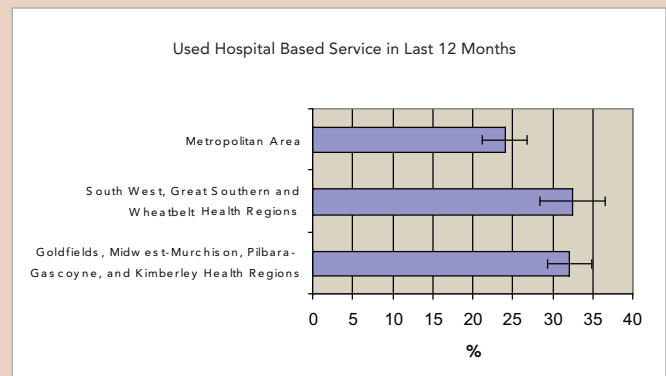


Male children appear somewhat more likely than their female counterparts to use a hospital service over the course of a year. In terms of the share of total occasions of care, male children account for approximately 60% of hospital service use (95% C.I. 52.3-70.8%).



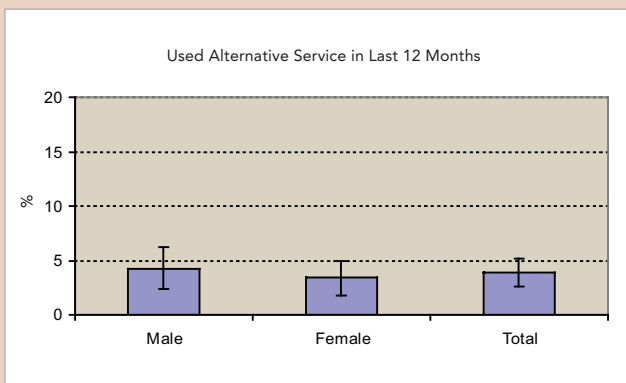
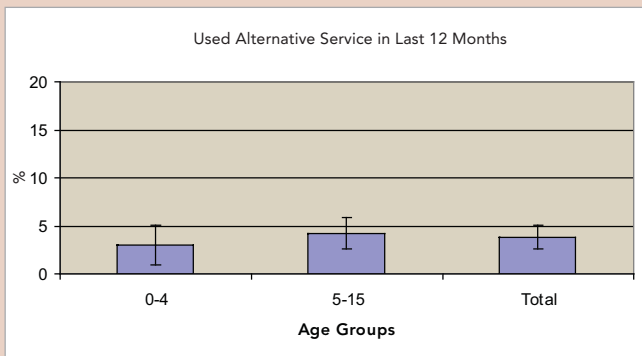
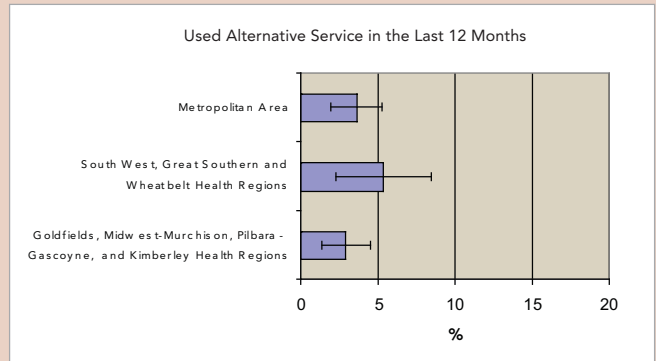
HWSS data on the annual use of health services across health Regions indicates that a smaller proportion of metropolitan children access hospital based care than is the case for their rural and remote counterparts. Despite accounting for 3 in 4 of the State's population of 0-15 year olds, metropolitan children are responsible for only half of total Statewide hospital episodes of care among this age group (95% C.I. 43.5-62.4%).

It is likely that this data can be largely explained by differences in the organisation of health care delivery across metropolitan and non-metropolitan Regions/Areas. For example, in rural areas a broader mix of primary health care services is often delivered from hospital sites than is usually the case in their metropolitan counterparts.



### Alternative Health Services

The HWSS included an item which asked about children's use of alternative health services in the past 12 months. Alternative health services were defined as "acupuncturists, naturopaths, homeopaths, or any other alternative health service". Use of alternative health care services by Western Australian children is relatively uncommon. It is estimated that fewer than one in twenty 0-15 year olds used an alternative health service in the last 12 months. Use of alternative health services appears similar across age and sex categories. Similarly, there are no significant differences in alternative health service use by children across the different areas of the State.





### **Resources for Health Care**

Australia spends an average of approximately \$4,000 per person on health. The sources of this funding include governments, health and injury compensation insurers, and direct contributions made by individuals/families for health care services.

In 2003-04, estimated expenditure on health in Australia was \$78,598 million, which accounts for almost 10% of the Nation's gross domestic product (GDP).

The Australian (Commonwealth) Government provides most of the funding for:

- Services provided by medical practitioners in general practice and specialty areas via Medicare
- Pharmaceuticals that are covered or partly covered by the Pharmaceutical Benefits Scheme (PBS).

The Australian and State governments jointly fund public hospital services.

State governments provide most of the funding for ambulance, dental and community health services.

Source: AIHW (2006).

## The data indicate that...

- Children living in the NMAHS are frequent users of health care. On average, they use some form of health care service once every two months. Most of these services are community based and a majority fall within the primary health category.
- Access to health care services by children in the NMAHS appears to be similar to that experienced by children in other parts of the State.
- Two-in-three 0-15 year old NMAHS residents have private health insurance cover.
- One-in-four NMAHS residents use a hospital based service at least once over the course of a 12 month period.

## About the data...

The WA Health & Wellbeing Surveillance System (HWSS) is a continuous data collection system using Computer Assisted Telephone Interviews (CATI) to survey 550 people throughout Western Australia every month. The system began in March 2002 and up to July 2006, 27,000 interviews had been conducted.

People are asked questions on a range of indicators related to health and wellbeing. Topics include chronic health conditions, lifestyle risk factors, protective factors and socio-demographics. Since the surveillance system began, response rates have been between 78-80% of all the people contacted.

### References

1. Australian Bureau of Statistics, (2006). *National Health Survey: Summary of Results*. ABS cat. No. 4364.0. Canberra: ABS.
2. AIHW (Australian Institute of Health and Welfare), (2006). *Australia's health 2006*. AIHW cat. no. AUS 73. Canberra: AIHW.
3. AIHW (Australian Institute of Health and Welfare), (2005). *A picture of Australia's children*. AIHW cat. no. PHE 58. Canberra: AIHW.