Western Australia's Children and Their Health

A COLLABORATION BETWEEN THE TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH AND THE WA HEALTH AND WELLBEING SURVEILLANCE SYSTEM



KIMBERLEY HEALTH REGION - POPULATION PROFILE



A Profile of Western Australian Children

This report is the first in a series of reports about WA's children and their health. The series is being prepared by the Telethon Institute for Child Health Research, primarily using indicator data collected by the WA Department of Health.

The purpose of the series is to provide health care decision makers in Health Areas/Regions with a profile of indicators of the health needs of children who live within their departmental boundaries. This information is intended to be an aid to program planning and resource allocation.

A challenge for health care decision makers is to respond fairly, effectively and efficiently to health care needs of the populations they serve. This responsibility is complex and no single approach in isolation offers a wholly adequate solution. Rather, health care decision makers must make judgements about community health needs by taking into account a variety of information. While the sources and foci of such information are likely to be diverse, a core set relates to the broad characteristics of the population being served. This includes general parameters such as population size, location, and so on.

Because broad measures of population are central to any assessment of health needs, this category of indicators is the first focus area in the series. In characterising the population of WA children aged between 0-15 years within each Health Region, an attempt has been made to place children in a context of the family and household settings in which they live.

Subsequent papers in this series will continue to explore health needs indicators within themes that are relevant to decision making.

Future Papers on Western Australian Children and Their Health

Future papers in this series will focus on the following topics:

- 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.

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	FAMILY WELLBEING	IDICATORS DF CHILD FLLBEING
	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)

KIMBERLEY HEALTH REGION (KHR)

KHR POPULATION PROFILE

Indicator	Description of indicator	KHR % (95% CI) St	tate % (95% CI)	Source
Population	Proportion of total population of WA children 0-4	3	100	2001 Census
	Proportion of total indigenous population of WA children 0-4	24	100	2001 Census
	Proportion of total population of children 0-4 that is indigenous	55	6	2001 Census
	Proportion of total population of WA children 0-15	2	100	2001 Census
	Proportion of total indigenous population of WA children 0-15	22	100	2001 Census
	Proportion of total population of children 0-15 that is indigenous	56	6	2001 Census
Children born in Australia	Proportion of total population of children 0-4 born in Australia Proportion of total population of	97.8 (93.5-100)	97.2 (96.0-98.4)	2002-5 HWSS Data
	children 0-15 born in Australia	98.4 (96.7-100)	93.5 (92.6-94.4)	2002-5 HWSS Data
Children living in financially stressed households	Proportion of children 0-4 living in households that spend more than they earn	3.6 (0.0-7.3)	5.3 (3.0-7.8)	2002-5 HWSS Data
	Proportion of children 0-15 living in households that spend more than they earn	4.5 (1.6-7.4)	4.8 (3.7-5.9)	2002-5 HWSS Data
Children living in sole parent households	Proportion of children 0-4 living in sole parent households	8.4 (1.4-15.5)	7.2 (5.6-8.7)	2002-5 HWSS Data
	Proportion of children 0-15 living in sole parent households	11.3 (7.3-15.3)	11.7 (10.6-12.7)	2002-5 HWSS Data
Parents born overseas	Children 0-4 who have one parent who was born overseas	26.2 (15.8-36.6)	38.2 (35.1-41.4)	2002-5 HWSS Data
	Children 0-4 who have two parents who were born overseas	4.2 (0.0-8.4)	12.2 (9.9-14.6)	2002-5 HWSS Data
	Children 0-15 who have one parent who was born overseas	25.0 (19.3-30.7)	43.0 (41.2-44.7)	2002-5 HWSS Data
	Children 0-15 who have two parents who were born overseas	3.3 (1.2-5.4)	14.9 (13.6-16.2)	2002-5 HWSS Data

Why childhood is an important focus for healthcare decision makers...

In recent years, childhood has become a policy focus for most State and Commonwealth Governments. Vimpani, Patton and Hayes 2002 have outlined several reasons for this, including:

- Worsening of indicators of developmental health and wellbeing among children;
- Recognition that health problems in later life often have roots in early environments and experiences; and
- Evidence that childhood is often a more cost effective time for intervention to address health problems.

KHR POPULATION PROFILE

Population Density 0-4 Year Olds

The data indicate that...

- The KHR is home to one in fifty of the State's children and youth aged between 0-15 years.
- More than half of the Region's children and youth are indigenous Australians.
- One in four of the State's indigenous children and youth live in the KHR.
- Population densities of children and youth in the Region are extremely low, which poses a range of challenges for health care provision.
- The Region is very remote from the State's major population centre.
- Most 0-15 year old children living in the KHR were born in Australia, however, approximately one in four have at least one overseasborn parent.



A core message to be drawn from the data is that while the KHR catchment is home to only a small proportion of the State's children and youth, a substantial minority of the State's indigenous children and youth live in the Region. The AIHW (2005) has highlighted that Australian Indigenous children die at more than twice the rate of their non-Indigenous counterparts. The AIHW have also identified a 23% higher rate of hospitalisation among Indigenous children. Rates of some reasons for hospitalisation differ quite markedly between Indigenous and non-Indigenous children. For instance, assault and burns/scalds are much more common causes of hospitalisation among Indigenous children (AIHW, 2005).

As a consequence, the KHR must be considered as being in a special category of child and youth health need.

KHR POPULATION PROFILE

Australia's Children -Did you know that...

Approximately 4 million 0-14 year old children live in Australia. This comprises 20% of the Australian population.

- Two in three (64%) children live in major cities.
- Indigenous children comprise 4.5% of all children.
- One in seventeen (6%) Australian children were born overseas.
- Most common countries of birth for overseas born Australian children are New Zealand and England.
- Most common countries of birth for Australian children born in countries where English is not the main language are the Philippines, India, China, South Korea, Indonesia, Iraq, Sri Lanka, Singapore, Malaysia and Vietnam. (AIHW, 2006)

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 percent of all the people contacted. Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood.

(Shonkoff and Phillips, 2000, p.6).

Health Regions with a similar population profile...

For child and youth health policy and planning purposes, the KHR appears to share little commonality with other Health Regions.

References

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- 3. Shonkoff, J.P. and Phillips, D.A. (eds) (2000), From Neurons to Neighbourhoods: The Science of Early Childhood Development, National Academy Press, Washington, DC.
- 4. Vimpani, G., Patton, G., and Hayes, A. (2002). The relevance of child and adolescent development for outcomes in education, health and life success, in Sanson, A. (ed) Children's Health and Development: New Research Directions for Australia. Australian Institute of Family Studies, Melbourne.

