Child and Family Centres & Healthcare Access

a proposal for a pilot cohort study

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MBBS Year 3: Primary care rotation
Asked to develop a research question relevant to primary health care, and design a study proposal to answer that question

Note: our study is purely theoretical at this point in time
‘Early-life experiences can shape health across an entire lifetime and potentially across generations’ - Braveman & Barclay 2009
‘Access to care is the centrepiece in the elimination of socioeconomic disparities in health’ - Andrulis 1998
5 key barriers to care in Tasmania identified:

1. Transport
2. Opening hours
3. Feeling unsafe or not confident
4. Cost
5. Care of other children
Child and Family Centres

12 centres around Tas

Located in disadvantaged communities

Multidisciplinary services for children aged 0-5, tailored to community needs.
The purpose of Child and Family Centres is to improve the health and well-being, education and care of Tasmania’s very young children by supporting parents and enhancing accessibility of services in the local community.
Public Health

Assessment of health needs

Provision of appropriate services

- Promote individual & population health
- Prevent illness
- Pursue health equity

Health sector advocacy, development & management
If carried out, the results generated by this (theoretical) study could be used to plan health service delivery, and advise on optimal development of the Child and Family Centre model.

Implications for Public Health?
Our Question

Does the presence of a Child and Family Centre in Tasmanian communities affect health care access and satisfaction in children aged 0-5 and their primary carers, in comparison to Tasmanian communities of equivalent vulnerability?
Why vulnerability?

Established inverse relationship between SES and child GP visits (Golenko, 2014)

But SES is a limited view of a child’s social determinants and health risk

Vulnerability directly estimates risk, based on specific child health and development outcomes
Tells us which communities are most affected by child health inequalities

The Australian Early Development Census
Measures 5 domains:

1. Physical health
2. Social competence
3. Emotional maturity
4. Language and cognitive skills
5. Communication

The Australian Early Development Census
The Australian Early Development Census

For each domain, children are scored from 0-10, and scores are ranked.

- 75% “On track”
- 10th-25th% “At risk”
- 10% “Developmentally vulnerable”
Geeveston 50%
Outer Sorell <5%
### Study Groups

<table>
<thead>
<tr>
<th>Vulnerability level</th>
<th>Exposure</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20%</td>
<td>7116</td>
<td>7307</td>
</tr>
<tr>
<td></td>
<td>7310</td>
<td>7325</td>
</tr>
<tr>
<td>20-30%</td>
<td>7140</td>
<td>7010</td>
</tr>
<tr>
<td></td>
<td>7270</td>
<td>7276</td>
</tr>
<tr>
<td></td>
<td>7320</td>
<td>7330</td>
</tr>
<tr>
<td>30-40%</td>
<td>7011</td>
<td>7120</td>
</tr>
<tr>
<td></td>
<td>7126</td>
<td>7172</td>
</tr>
<tr>
<td></td>
<td>7253</td>
<td>7190</td>
</tr>
<tr>
<td>40-50%</td>
<td>7019</td>
<td>7016</td>
</tr>
<tr>
<td></td>
<td>7030</td>
<td>7248</td>
</tr>
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<td></td>
<td>7250</td>
<td>7306</td>
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<tr>
<td></td>
<td>7467</td>
<td>7468</td>
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</tbody>
</table>
Infants (and their primary carers) born after 37 weeks gestation in Tasmanian Public Hospitals

n= ~4000/year

Exclusion criteria:
- Prematurity
- Concurrent attendance at specialist services

Recruited at 26 & 36 week antenatal clinic visits

Living in target areas

Exposure group
Living in communities with a child a family centre

Control group
Living in communities without a child and family centre

Not living in target areas
Data on access to, and satisfaction with care to be collected from each child and primary carer at:

2 months  
6 months  
12 months  
2 years  
3 years  
4 years

### Methods

**Data on access to, and satisfaction with care to be collected from each child and primary carer at:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t feel able to access care when my child is sick</td>
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<tr>
<td>I feel able to access health advice in my community</td>
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<tr>
<td>I don’t feel able to access care in my community</td>
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<tr>
<td>I always feel able to access care for my child</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>I am unhappy with the care I receive</td>
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</tbody>
</table>

**Where do you access care?**

**Does anything stop you from accessing care?**

**Does anything help you access care?**
If CfCs were proven to be effective, their operational model could become part of a systematic approach to address the problem of child health inequality, and promote the health of vulnerable populations throughout Australia.
A deeper understanding of Public Health principles, particularly health promotion and health sector advocacy, development, and management.

A new passion for maximising access to health care for vulnerable populations.
Thank you to...

Chris Etherington & Hon Yen Yap

Dr Kristy Fitzgerald & Dr Amanda Lo

Dr Maureen Davey, Dr Scott McKeown, & Dr Laura Edwards

The RACP & AFPHM for this opportunity


Questions?