



Child and Family Centres & Healthcare Access
a proposal for a pilot cohort study

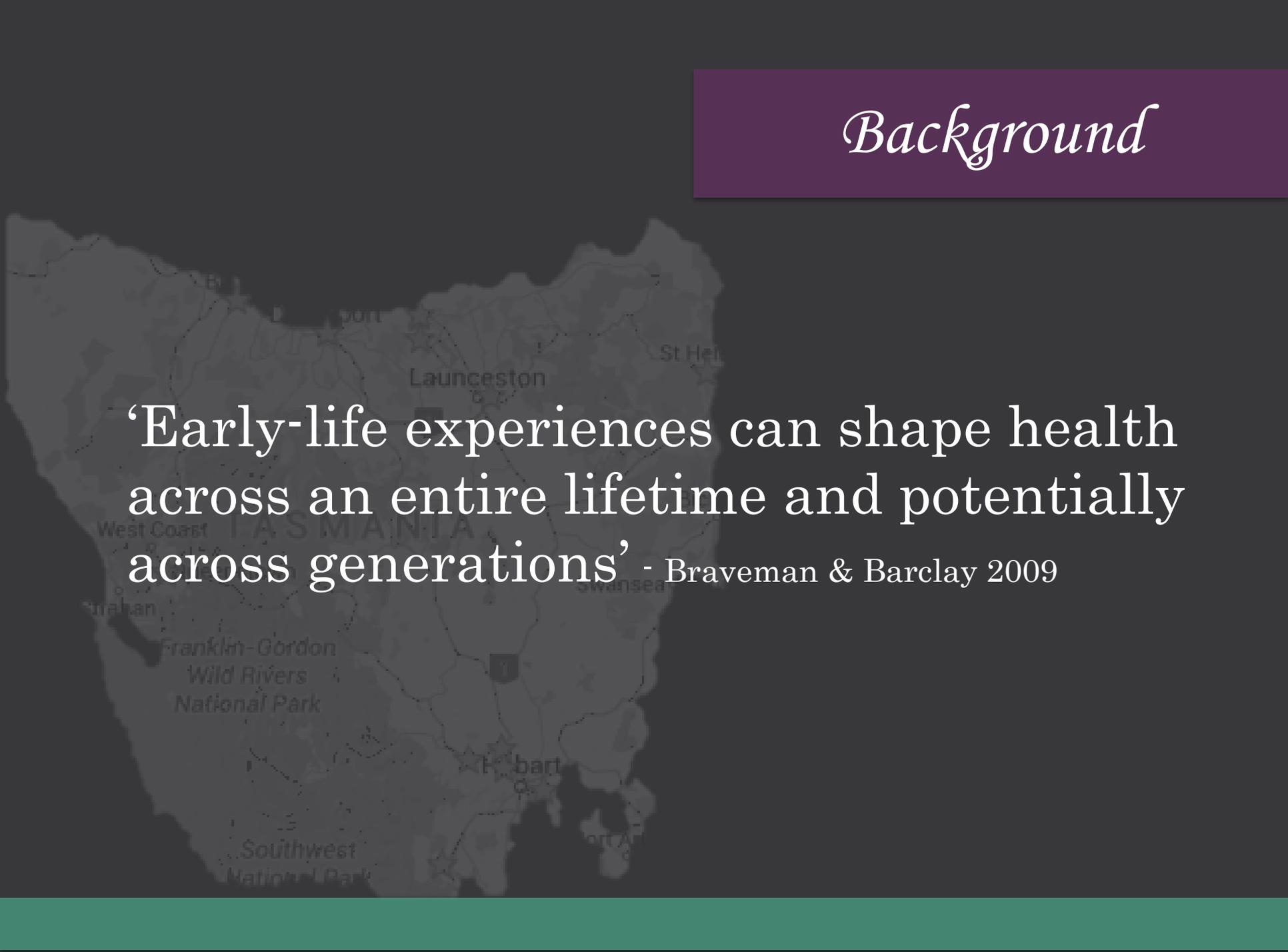
Context

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

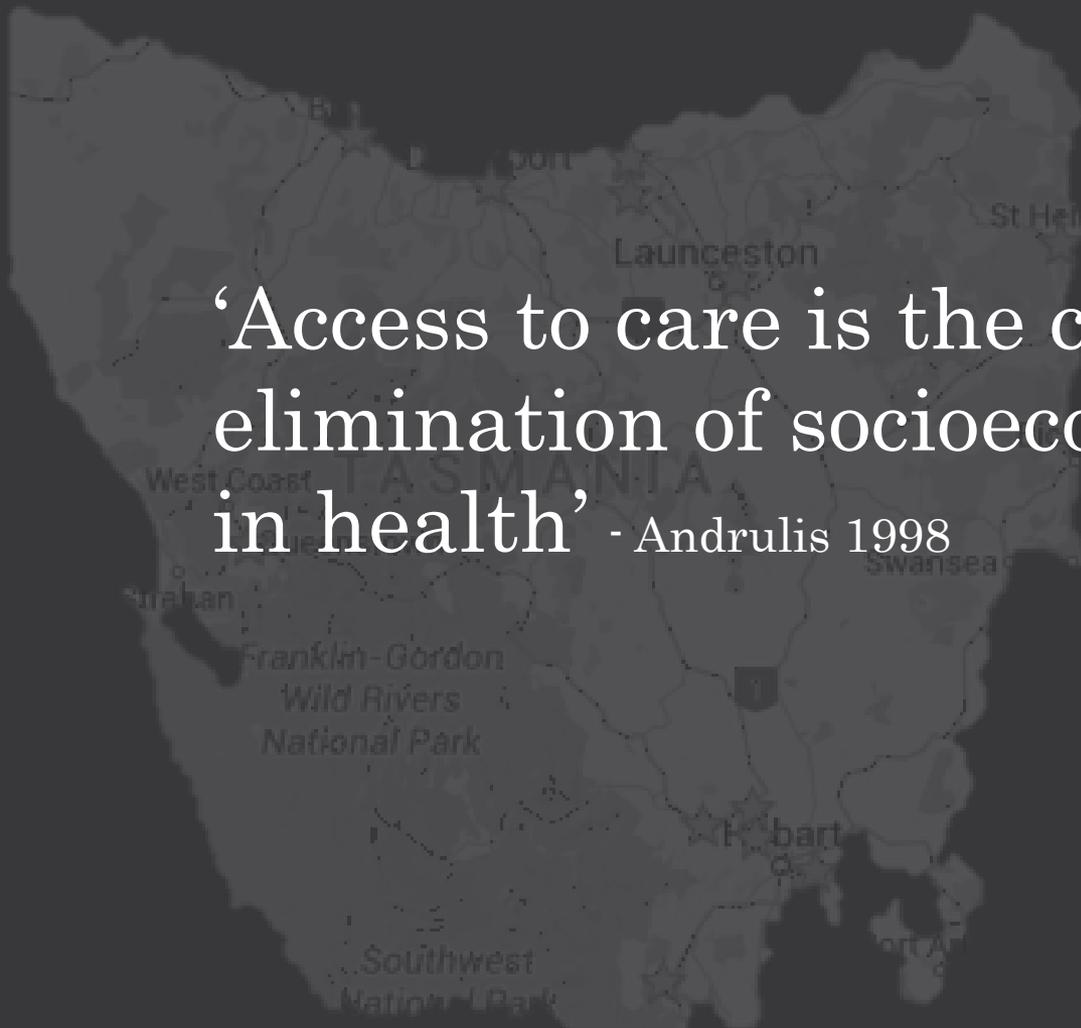
Background



‘Early-life experiences can shape health across an entire lifetime and potentially across generations’ - Braveman & Barclay 2009

Background

‘Access to care is the centrepiece in the elimination of socioeconomic disparities in health’ - Andrulis 1998



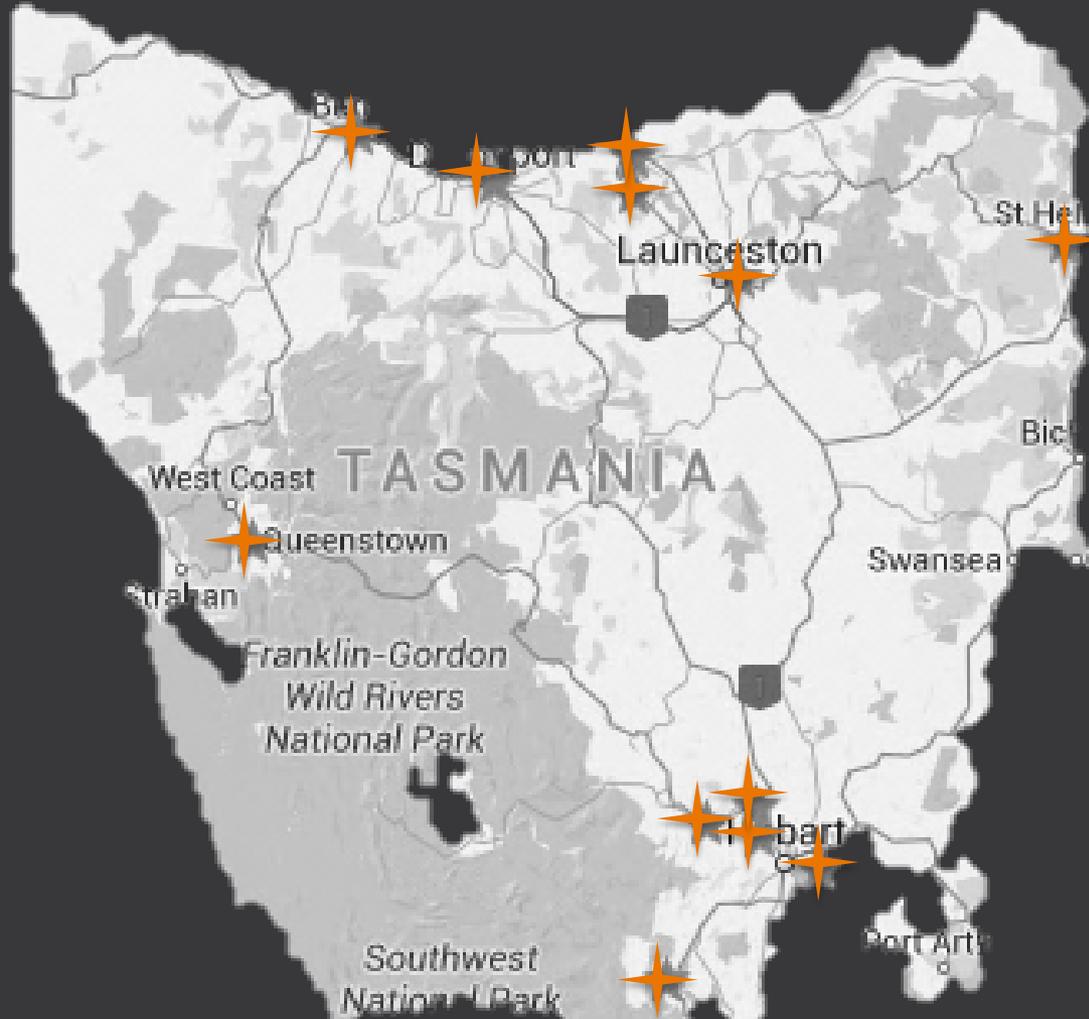
2009 Child Health and Wellbeing Survey

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.

Child and Family Centres



“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

Health sector
advocacy,
development &
management

Assessment of
health needs

Provision of
appropriate
services

Promote
individual &
population health

Prevent illness

Pursue health
equity

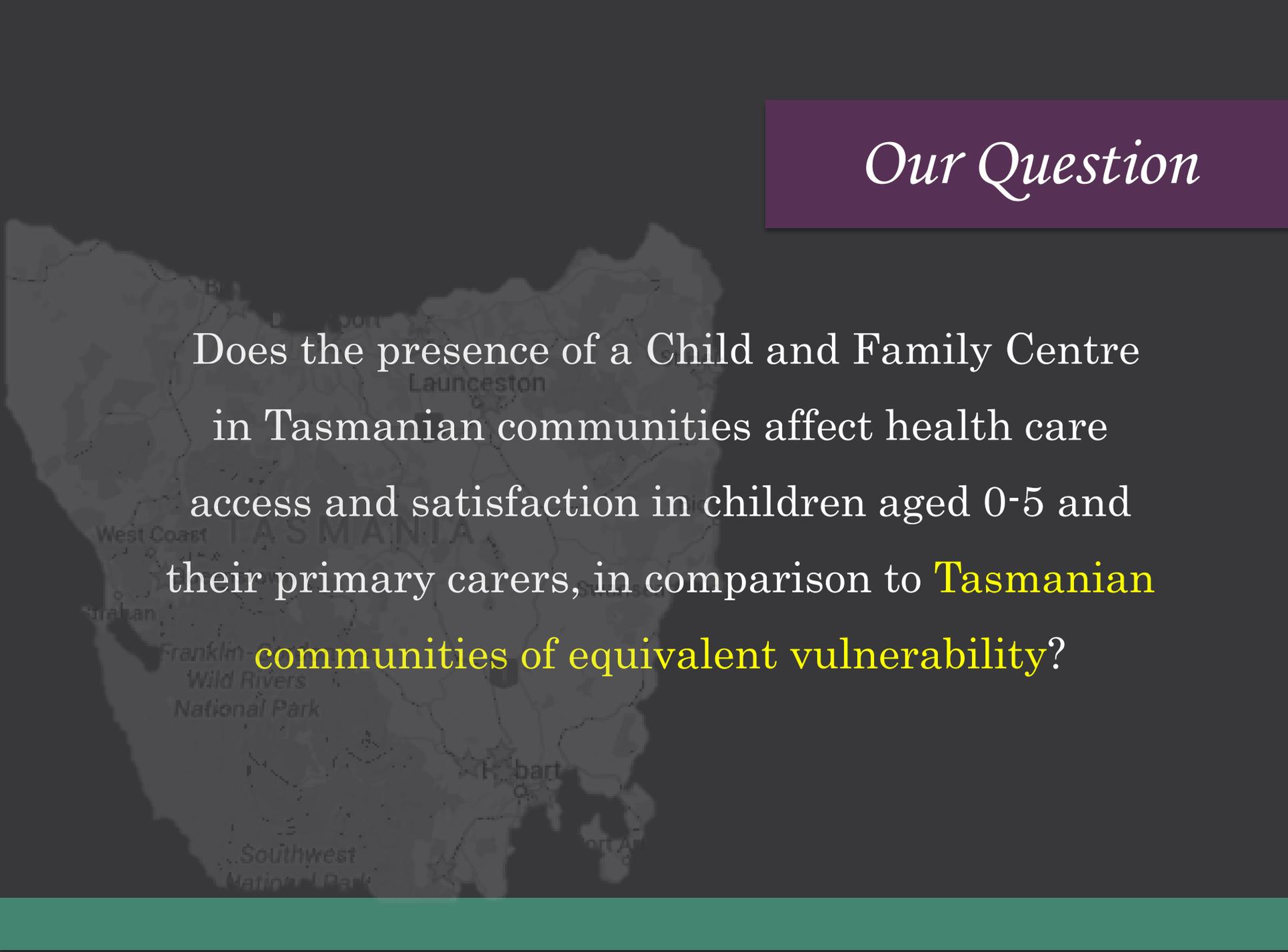
Implications for Public Health?



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.

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



The Australian Early Development Census

Tells us which
communities are most
affected by child
health inequalities

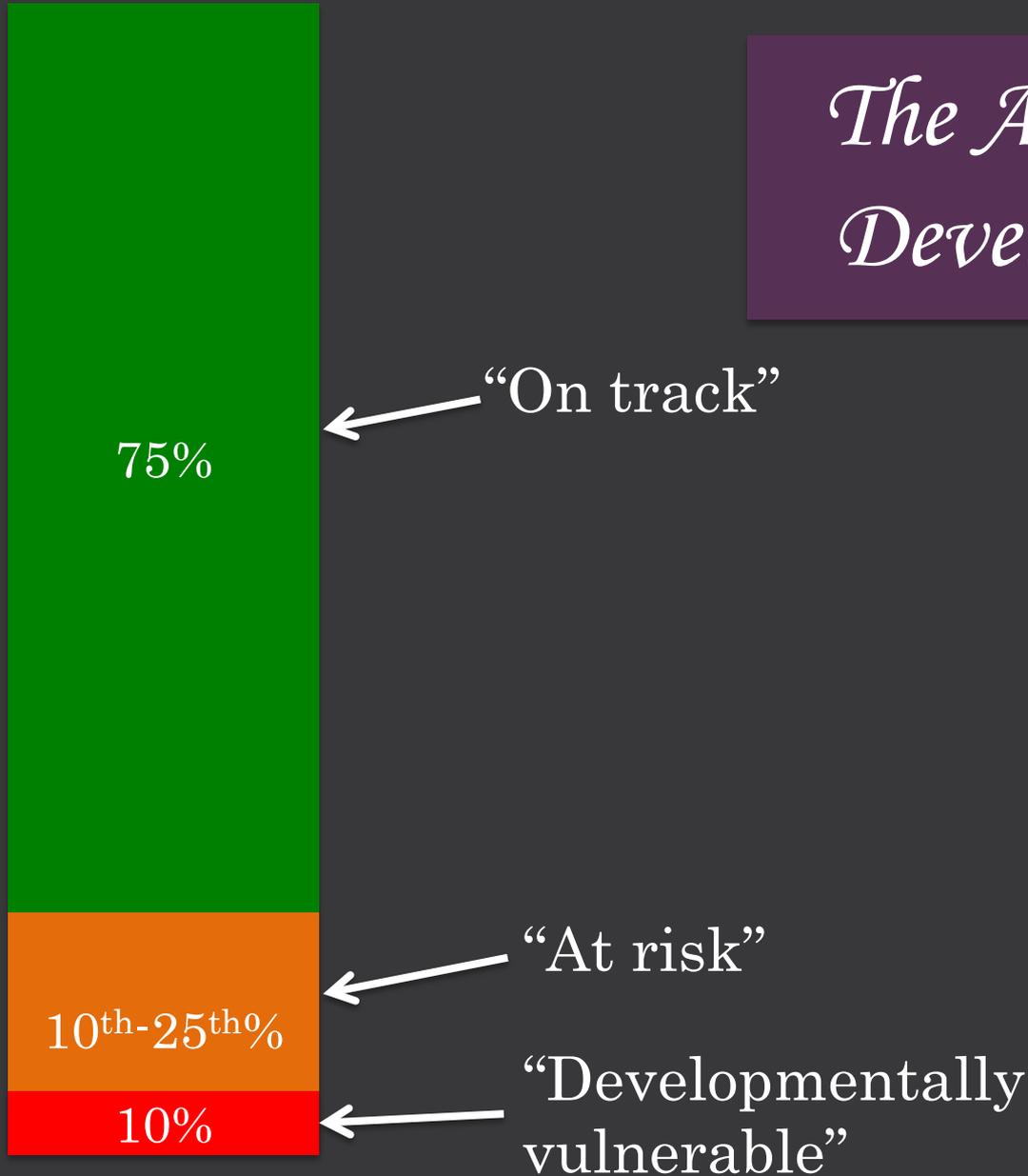


The Australian Early Development Census

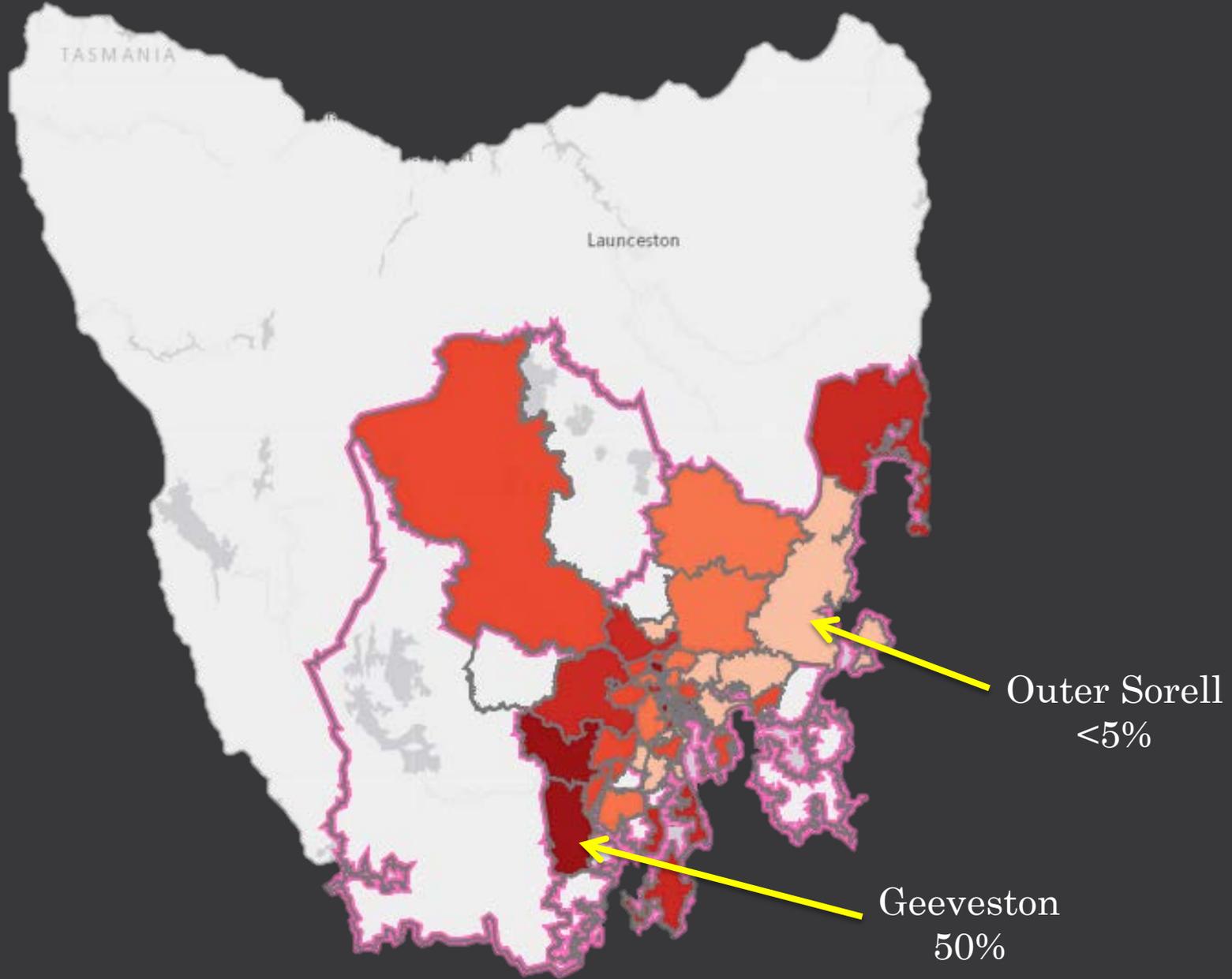
Measures 5 domains:

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

The Australian Early Development Census



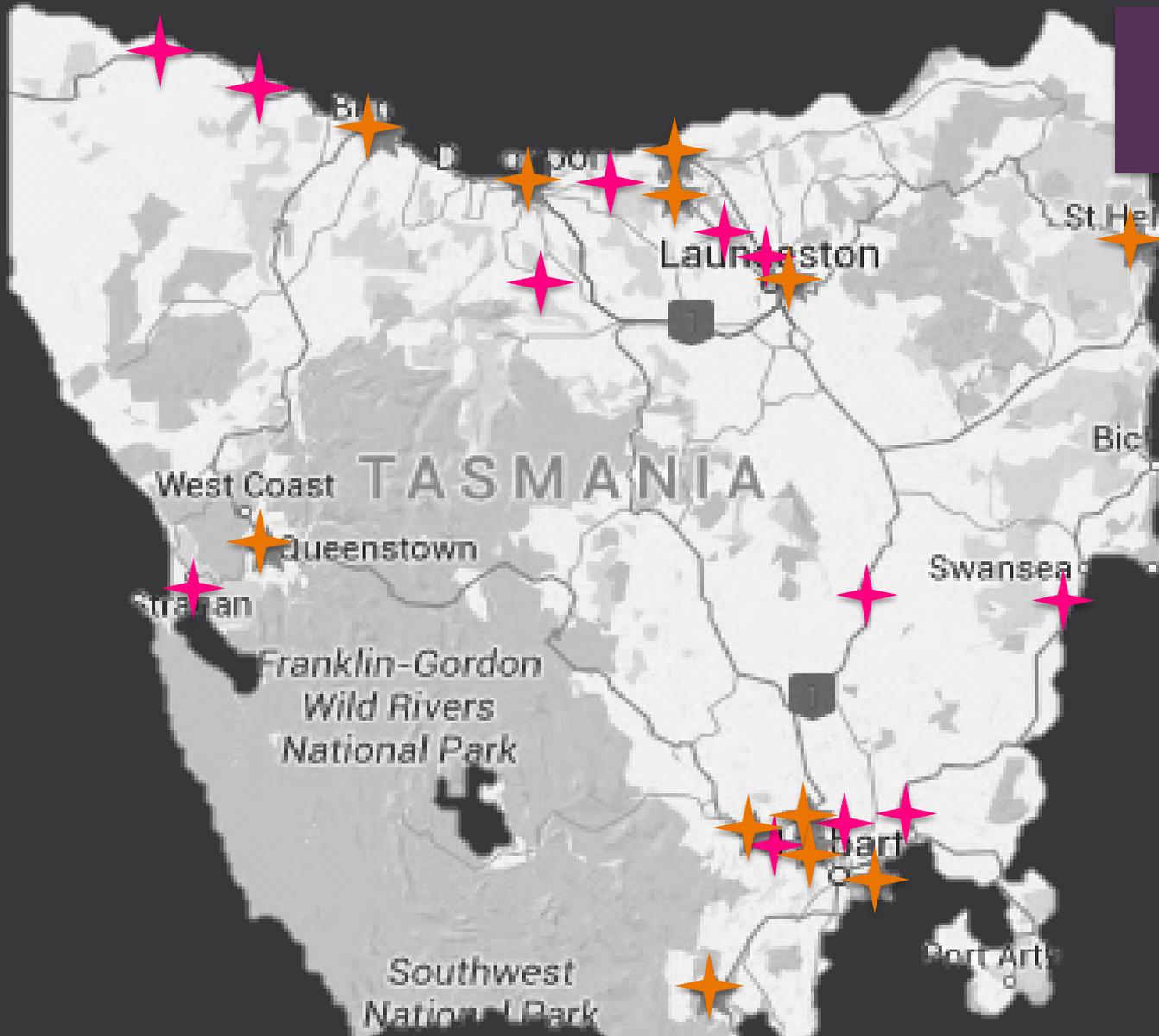
For each domain, children are scored from 0-10, and scores are ranked.



Study Groups

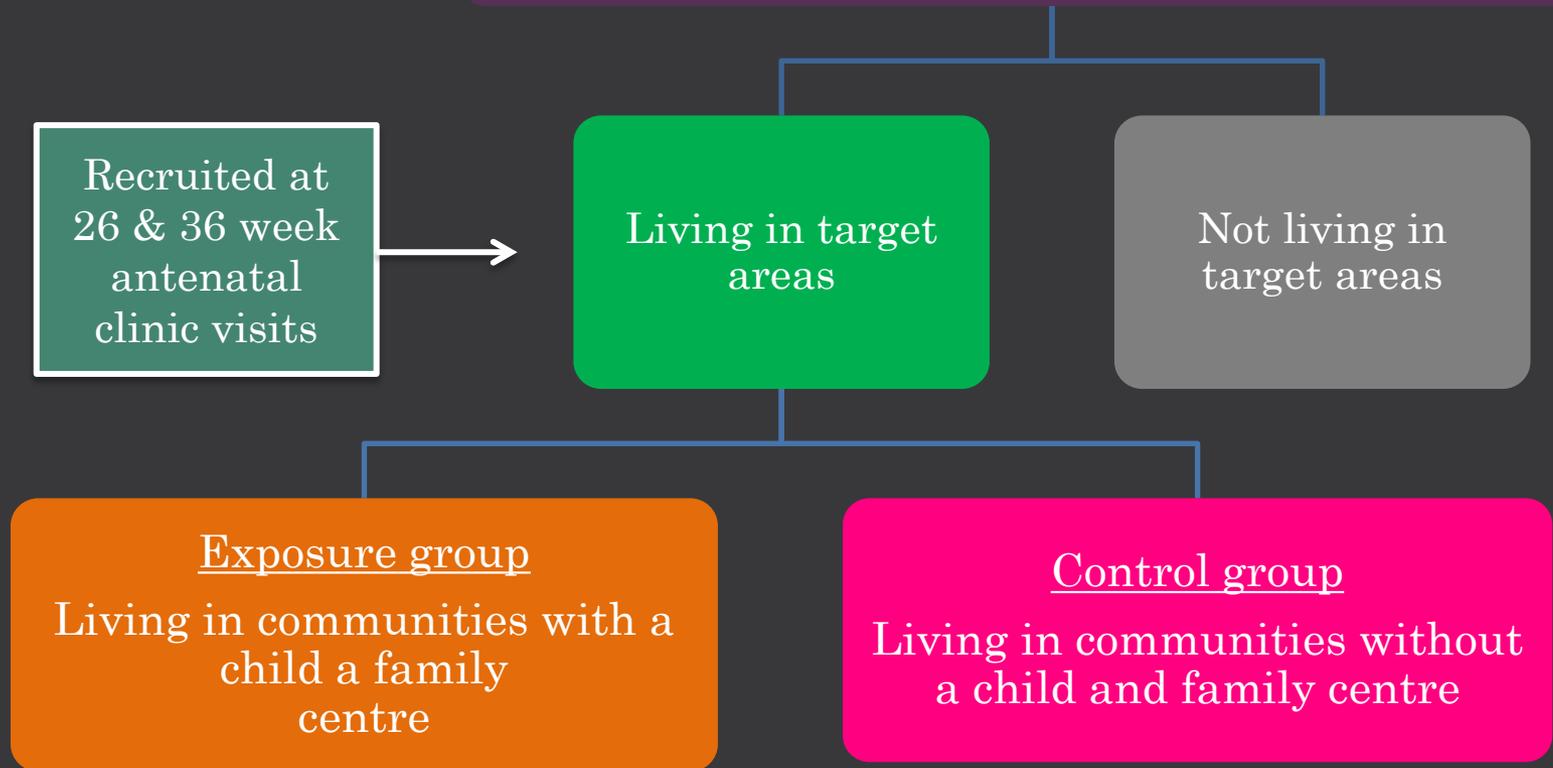
Vulnerability level	Exposure	Control
10-20%	7116	7307
	7310	7325
20-30%	7140	7010
	7270	7276
	7320	7330
30-40%	7011	7120
	7126	7172
	7253	7190
40-50%	7019	7016
	7030	7248
	7250	7306
	7467	7468

Study Groups



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

Methods

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

Please answer these questions in relation to the health care for your child.

Question	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
I don't feel able to access care when my child is sick					
I feel able to access health advice in my community					
I don't feel able to access care in my community					
I always feel able to access care for my child					
I am unhappy with the care I receive					

Where do you access care?

Does anything stop you from accessing care?

Does anything help you access care?

What does this mean for Public Health?

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.

What have I learned?



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...

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Dr Amanda Lo

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McKeown, & Dr Laura
Edwards

The RACP & AFPHM for this
opportunity



References

Andrulis, DP 1998, 'Access to care is the centerpiece in the elimination of socioeconomic disparities in health', *Annals Of Internal Medicine*, vol. 129, no. 5, pp. 412-416.

Australian Early Development Index 2011, *A snapshot of early childhood development in Tasmania*, Tasmanian Government, <<https://www.education.tas.gov.au/documentcentre/Documents/A-Snapshot-of-Early-Childhood-Development-in-Tasmania.pdf>>.

Australian Early Development Census 2015, "Australian Early Development Census.", Commonwealth of Australia, <<https://www.aedc.gov.au/>>

Australian Institute of Health and Welfare 2012, *A picture of Australia's children*, Australian Government, <<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737423340>>.

References

Braveman, P & Barclay, C 2009, 'Health disparities beginning in childhood: a life-course perspective', *Pediatrics*, vol. 124 Suppl 3, pp. S163-S175.

Department of Education(DoE) 2015, *Child and Family Centres*, Department of Education, viewed 26th of March 2015,

<https://www.education.tas.gov.au/parents_carers/early_years/Programs-and-Initiatives/Pages/Child-and-Family-Centres.aspx>.

Department of Education 2013, *An Overview of Child and Family Centres*, Tasmanian Government, <<https://www.education.tas.gov.au/documentcentre/Documents/Overview-of-Child-and-Family-Centres.pdf>>.

The Social Research Centre 2009, *Tasmanian Child Health and Wellbeing Survey*, Tasmanian Government, Hobart.



Questions?