

5 Health

This chapter provides an overview of statistics on some of the significant areas which provide indicators on the health of Queensland's children and young people.

Long term health conditions

The most common long term health conditions experienced by children and young people in Queensland in 2001 were asthma – which affected 12% of 0 to 6 year olds and 14% of 0 to 17 year olds – and hayfever and allergic rhinitis, which affected 3% of 0 to 6 year olds and 8% of 0 to 17 year olds (Table 5.1).

In the same year, mental and behavioural problems were experienced by 7% of 0 to 17 year olds. Around 4% of 0 to 17 year olds were long sighted, 4% short sighted and 2% of children had some degree of deafness.

The AIHW report *Australia's children: their health and wellbeing 2002* (Al-Yaman, Bryant & Sargeant, 2002) states that the incidence of Type 1 (juvenile onset or insulin dependant) diabetes is rising nationally, but also indicates that data on incidence is patchy. More reliance can be placed on new cases of Type

1 diabetes recorded on the National Diabetes Register (AIHW, 2003b), which indicated there were 160 new cases among 0 to 14 year olds in Queensland in 2001, up from 150 in 2000 and 135 in 1999. However, the report notes that children living in Indigenous communities and children in remote areas may use health and pharmacy services which are not included on the Register.

The incidence of new cases of Type 1 diabetes increased with increasing age. For the years 2000 and 2001, the average annual rates were:

- 15.3 for males aged 0 to 4 years per 100,000 population and 13.3 for females aged 0 to 4 years
- 21.5 for males aged 5 to 9 years per 100,000 population and 19.2 for females aged 5 to 9 years
- 27.3 for males aged 10 to 14 years per 100,000 population and 23.4 for females aged 10 to 14 years.

Table 5.1 Long term conditions by age, Queensland, 2001

	0-6 years	0-17 years
	Per cent	
Asthma	11.8	14.0
Hayfever & allergic rhinitis	2.9	8.4
Mental & behavioural problems	2.2	6.3
Deafness (complete/partial)	1.8	2.0
Long sightedness	0.4	4.1
Short sightedness	0.4	3.9
Back pain/problems nec & disc disorders	a	2.7

a. Not published.

Source: ABS, National Health Survey 2001, cat. no. 4364.0 (companion data)

Disability

The Survey of Disability, Ageing and Carers was conducted in 2003, but the results were not available at the time of publication of this report. The results of the 1998 survey (ABS, 2000) estimated that in Queensland, around one in ten children and young people aged over 4 years had a disability or a disabling long term health condition (Table 5.2).

Of children aged 5 to 14, 7% had a restriction in communication, mobility or self care, and 8% had a restriction affecting schooling.

Boys were more likely to have a disabling condition, with 14% affected compared to 8% of girls, reflecting the higher incidence of birth disorders in boys and the higher prevalence of childhood conditions, such as asthma and intellectual impairments (ABS, 2000, p. 5).

Table 5.2 Children and young people with disability by sex and type of restriction, Queensland, 1998

	Under 5	5-14	15-24	Under 5	5-14	15-24
	Number			Per cent of population group		
All with disability						
Male	*4,000	35,500	30,000	*3.2	13.8	11.4
Female	*2,600	19,700	21,500	*2.2	8.1	8.6
Total	*6,600	55,200	51,500	*2.7	11.0	10.0
Type of disability						
Core activity restriction ^a	*4,000	37,000	30,400	*1.6	7.4	5.9
School or employment restriction ^a	..	42,100	34,500	..	8.4	6.7
Without specific restriction	*2,600	*6,500	10,600	*1.0	*1.3	2.1
With disability	*6,600	55,200	51,500	*2.7	11.0	10.0
Without disability	235,600	447,600	461,600	97.3	89.0	90.0
Total	242,200	502,800	513,100	100.0	100.0	100.0

* Estimate has a relative standard error of between 25% and 50% and should be used with caution.

.. Not applicable

a. Core activities comprise communication, mobility and self care. Persons may have both a core activity and a school or employment restriction.

Source: ABS, *Disability, Ageing and Carers: Summary Tables, Qld, 1998, cat. no. 4430.3.40.001*

Boys with a disability were more likely to have an intellectual impairment, whereas girls were more likely to have a physical disability. For Australian⁵⁷ children aged 5 to 14 years (ABS, 2000):

- 55% of boys with a disability had an intellectual impairment (6.7% of all boys), 38% had a sensory or speech impairment (4.6%) and 31% had a physical impairment (3.7%). People can have more than one impairment.
- 46% of girls with a disability had a physical impairment (3.1% of all girls), 38% had an intellectual impairment (2.6%) and 37% had a sensory or speech impairment (2.5%).

Attention deficit disorders (ADD) and attention deficit/hyperactivity disorders (ADHD) were primarily suffered by boys. Nationally, 2.3% of boys aged 5 to 14 had ADD or ADHD, but for girls it was less than 0.5%.

Disability Services Queensland (DSQ) maintains a register of people who have identified a need for specialist disability support services. The data collected relate only to people who have registered for individual funding packages, and include both non-funded applicants and funded applicants seeking additional funding.

The number of people aged 0 to 17 years with a disability who registered a need for support increased from 2,089 in 2001-02 to 2,767 in 2002-03 (DSQ, unpublished data). It is likely that much of this increase was due to an increased awareness about the register.

⁵⁷ Queensland data not available at this level of detail.

Hospitalisation

Table 5.3 lists the top seven causes of morbidity by age for children and young people based on hospital separations (a hospital transfer, discharge or death).

The main causes of hospitalisation of infants under one year of age were conditions originating in the perinatal period (i.e. including pregnancy and the first 28 days of life), with 143.2 separations per 1,000 population (annual average rate from 1999-00 to 2001-02).

Diseases of the respiratory system were in the top three causes of hospitalisation for children under 15 years of age. The rate was highest for infants, and decreased with increasing age. Injuries from external causes and diseases of the digestive system were the other leading causes for the hospitalisation of children and young people for those aged 1 to 19.

Table 5.3 Top seven causes^a of hospital separations by age, Queensland, 1999–00 to 2001–02

	Under 1 year	1-4 years	5-9 years	10-14 years	15-19 years
	Rate per 1,000 population	Rate per 1,000 population	Rate per 1,000 population	Rate per 1,000 population	Rate per 1,000 population
Originating in the perinatal period	143.2	Respiratory system 46.3	Injury (external causes) 23.0	Injury (external causes) 25.3	Injury (external causes) 37.4
Respiratory system	67.9	Injury (external causes) 31.5	Respiratory system 16.9	Digestive system 10.9	Digestive system 24.9
Factors influencing health status ^b	33.7	Infectious 21.6	Digestive system 13.1	Respiratory system 8.0	Pregnancy, childbirth 23.0
Symptoms, signs & abnormal findings ^c	30.6	Digestive system 20.0	Diseases of the ear & mastoid process 8.2	Factors influencing health status ^b 5.8	Factors influencing health status ^b 13.2
Infectious	27.5	Diseases of the ear & mastoid process 15.7	Factors influencing health status ^b 6.7	Symptoms, signs & abnormal findings ^c 4.9	Mental & behavioural disorders 9.9
Congenital malformations	27.3	Symptoms, signs & abnormal findings ^c 11.8	Infectious 5.3	Neoplasms 3.4	Respiratory system 9.7
Injury (external causes)	19.4	Factors influencing health status ^b 11.7	Symptoms, signs & abnormal findings ^c 4.9	Diseases of the skin 3.2	Symptoms, signs & abnormal findings ^c 7.7

a. Based on the International Classification of Diseases ICD-10-AM.

b. Occasions when circumstances other than a disease, injury or external cause classifiable to A00-Y89 are recorded as diagnosis or problems.

c. Includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no classifiable diagnosis is recorded elsewhere.

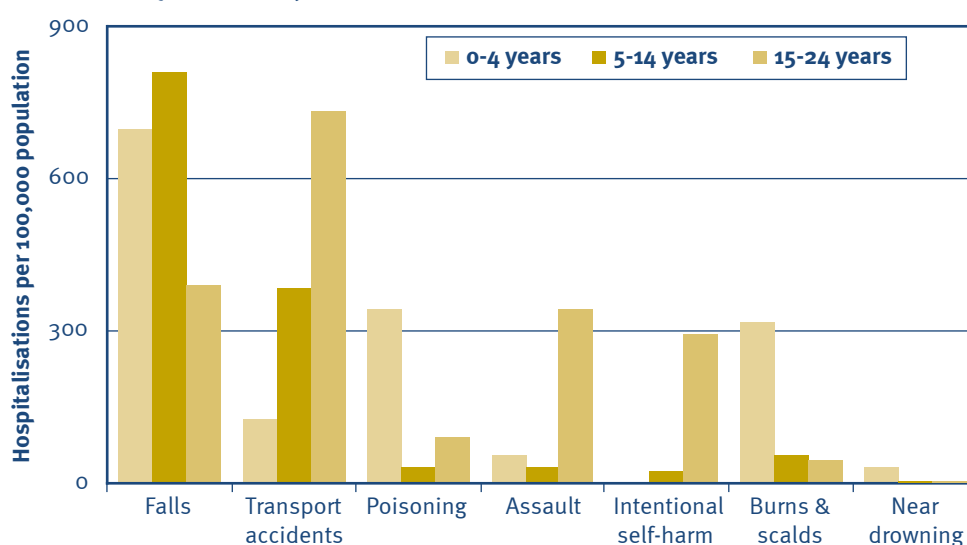
Source: Queensland Health, Health Information Centre (unpublished data)

Injury

Children and young people tend to be at risk of different types of injury depending on their age. Young children develop mobility faster than an understanding of the world around them, making them vulnerable to falls, poisoning, burns or drowning. However, in older children and young people, risk-taking behaviour becomes more of a factor.

- In 2001-02, children aged under five were most likely to be hospitalised due to falls, poisoning or burns and scalds (697, 342 and 318 hospitalisations per 100,000 respectively for those aged 0 to 4) (Figure 5.1).
- For older children and young people, the main causes of hospitalisations were falls (809 per 100,000 aged 5 to 14 and 389 per 100,000 aged 15 to 24) and transport accidents (384 per 100,000 aged 5 to 14 and 734 per 100,000 aged 15 to 24).
- Injuries caused by assault or intentional self-harm also became significant for young people aged over 14 (344 and 293 per 100,000 respectively for those aged 15 to 24).

Figure 5.1 Leading injury-related causes of admission to hospitals by age, Queensland, 2001-02

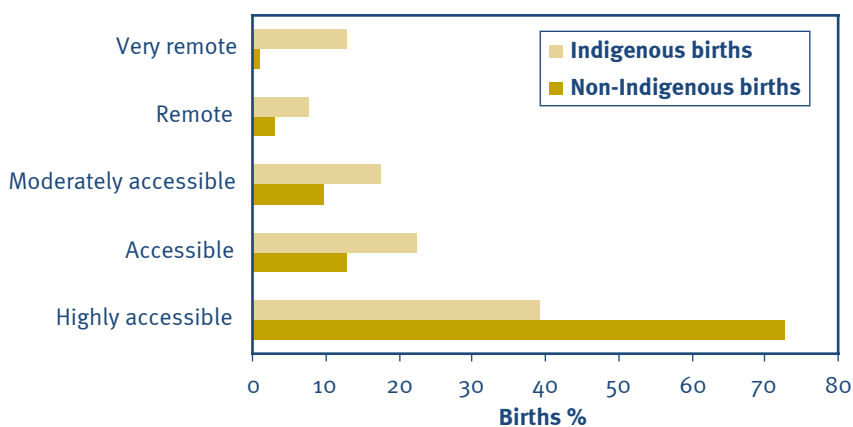


Source: Queensland Health, Health Information Centre

Remote births

Difficulty accessing medical facilities can be a risk factor for mother and babies delivered in remote or very remote areas, particularly when problems develop during delivery. The majority of Queensland babies are born in accessible or highly accessible areas (Figure 5.2). However 21% of Indigenous babies are born in remote or very remote areas.

Figure 5.2 Births by remoteness by Indigenous status, Queensland, 2001



Source: ABS, Births 2001 (unpublished data); Commonwealth Department of Health and Ageing, Accessibility/ Remoteness Index of Australia

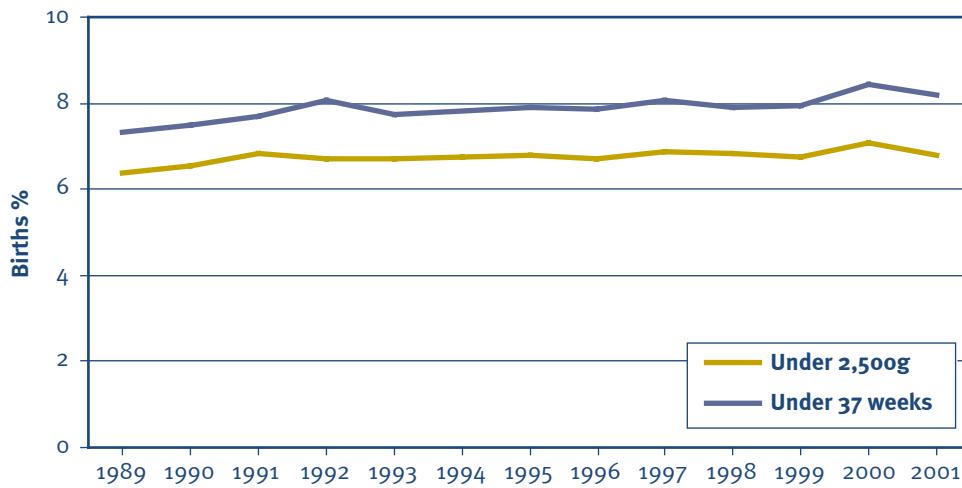
Premature births

Babies with low birthweight or shorter gestation may have significant short and long term health problems (Al-Yaman et al., 2002). In Queensland, around 7% of babies had a low birthweight (under 2,500g), and 8% were born before 37 weeks (Figure 5.3).

Contributing factors can include multiple births, the mother's age (older or younger), cigarette smoking, alcohol consumption and inadequate nutrition.

The proportion of babies born prematurely or with low birthweight showed slight increases across the 1990s.

Figure 5.3 Births by birthweight and gestation, Queensland, 1989 to 2001

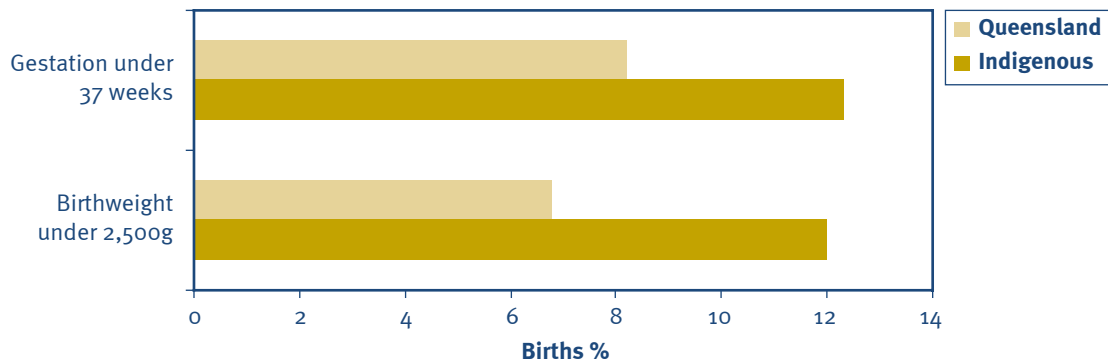


Source: Queensland Health, Perinatal Data Collection

Babies of Indigenous women were more likely to have a low birthweight or a shorter gestation period (Figure 5.4).

- Approximately one Indigenous baby in eight (12%) had a birthweight under 2,500g in 2001 compared to the Queensland rate of one in 15.
- Approximately one Indigenous baby in eight (12%) was born before 37 weeks compared to the Queensland rate of one in 14.

Figure 5.4 Birthweight and gestation by Indigenous status, Queensland, 2001

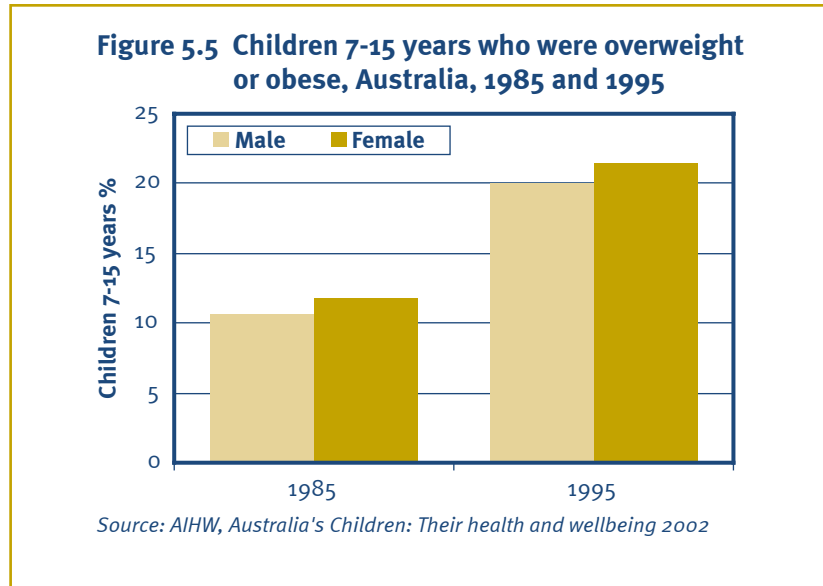


Source: Queensland Health, Perinatal Data Collection

Weight

Evidence from national surveys suggests that the proportion of children with unhealthy weight for height has increased markedly in recent decades. There is no information on the weight and height of children in Queensland, but it is estimated that the proportion of overweight and obese children in Australia almost doubled from around 11% in 1985 to 21% in 1995 (Figure 5.5). A number of lifestyle changes over the period have contributed to this trend. For example:

- Families increasingly rely on fast and 'prepared' foods high in fat and/or sugar for meals and snacks.
- Levels of physical activity have decreased as children spend more time playing electronic games and watching television.
- Parental concerns about neighbourhood safety and the increase in both parents working mean that children are more likely to be driven to school, and older children have less freedom to roam and play unsupervised after school.
- Marketing and advertising of foods high in fat and/or sugar, particularly during peak viewing time for children.



Immunisation

Overall, trends for immunisation in the first two years of life show an increase over time, with rates remaining relatively stable for the past two years. The national targets are currently 95%, with Queensland performing comparably with other states and territories against nationally defined milestones.

Due to a recent change in data collection from the Queensland Vaccination Information and Administration System to the Australian Childhood Immunisation Register, no long term trends in immunisation levels are currently available.

From the Australian Childhood Immunisation Register, the vaccination coverage rates for Queensland children calculated on 31 December 2003 were:

- 91.3% of children fully vaccinated at 12 months of age
- 92.5% fully vaccinated at 2 years of age
- 94.2% of children having received a first dose of MMR (measles, mumps, rubella) vaccine (Health Insurance Commission, 2004⁵⁸).

Immunisation coverage for children at six years of age remains lower than optimum. The statewide coverage for this milestone at 31 December 2003 was 83.6%.

While much of the effort in immunisation over the last decade has resulted in success in increasing coverage rates, a significant number of children in all cohorts remain incompletely vaccinated. There is general agreement in the literature on the factors associated with the incomplete vaccination status of children. These include failure to commence primary vaccination, high mobility, low socio-economic status, being from a single parent family, parental unemployment, coming from a culturally or linguistically diverse background or being of Aboriginal or Torres Strait Islander descent. The challenge is to develop strategies that effectively target these groups.

⁵⁸ Retrieved February 12, 2004, from http://www.hic.gov.au/providers/health_statistics/statistical_reporting/acir.htm

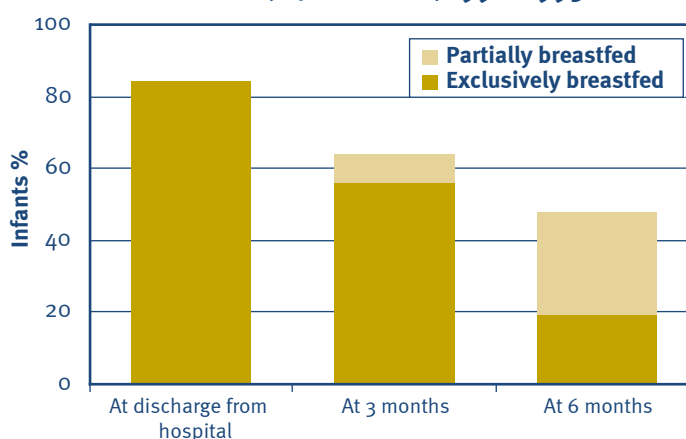
Breastfeeding

Various studies have shown that breastfeeding can reduce the risk of developing a range of conditions throughout infancy and childhood, including diabetes mellitus, otitis media (ear infection), diarrhoea and respiratory infections such as asthma and eczema (Al-Yaman et al., 2002; NHMRC, 2003). The World Health Organisation now recommends that babies are breastfed exclusively for the first six months of life.

According to the 1995 National Health Survey (ABS), although 84% of babies were breastfed at discharge from hospital, by six months only 19% were exclusively breastfed, and another 29% were partially breastfed (Figure 5.6).

From the Queensland Perinatal Data Collection, 83% of babies in 2000 were breastfed at the time of discharge from hospital (QH – Health Information Centre, 2002). From the 2001 National Health Survey, it was found that 41% of children aged under four were breastfed for less than six months or had not been breastfed (ABS, 2002h).

Figure 5.6 Infants breastfed at discharge, 3 and 6 months, Queensland, 1992–1995



Source: AIHW, *Australia's Children: Their health and wellbeing 2002*

Final comments

The health of Indigenous children and young people is likely to be poorer than that of non-Indigenous children and young people, but information on their health status is more limited. Collection of data on Indigenous status needs to be improved so better measures of their health are available and more reliable comparisons can be made.

- The prevalence of babies born with Fetal Alcohol Syndrome or Fetal Alcohol Effects (i.e. abnormalities caused by excessive consumption of alcohol by women during pregnancy) is considered to be low in the community, but there is concern that the prevalence is higher among the Indigenous population.

However, information on this topic is limited due the complexity of diagnosis – many of the features of the conditions may not be apparent for several years. More discussion on this topic can be found in *Report on the National Fetal Alcohol Syndrome Workshop* (Australian National Council on Drugs & National Expert Advisory Committee on Alcohol, 2003).

- An estimated 14% of boys and 8% of girls have a disability, but there are issues around data collection in this area. This report relies primarily on a national survey, which from 2003 will be conducted only every six years. Also, the survey sample size needs to be increased to support planning of disability services in regional areas.
- Nationally the proportion of overweight and obese children has been increasing, but in Queensland there is no state wide data on this topic.
- The health benefits of breastfeeding babies exclusively and for longer are recognised, but on this issue more data is needed on current practices.