

Northern Territory Government

DEPARTMENT OF HEALTH AND FAMILIES

Healthy Kids

2009 Under 5's Program

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Why an Under 5's program?

Tina McKinnon and Lesley Nuttall
Maternal Child and Youth Health
CARPA Conference
Katherine 2009

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Influences that impact on child health and well being

Ecological approach

Zubrick et al, may 2000

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Picture of Child Health in the NT

Infant Mortality Rate 1986- 2003

NT Indigenous rate – 15.2
NT Non-Indigenous – 6.3
Australian – 4.8

Infant Mortality Rate is the number of deaths among children aged less than one year per 1,000 live births.
From Infancy to Adulthood, 2006

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Picture of Child Health in the NT

Causes of Infant Mortality 1998 - 2002

1. Perinatal conditions
2. Congenital malformations
3. Ill-defined symptoms and signs (inc. SIDS)
4. Injury and poisoning
5. Nervous and sense organ diseases
6. Respiratory diseases
7. Circulatory diseases
8. Infectious and parasitic diseases
9. Neoplasms

From Infancy to Adulthood, 2006

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Picture of Child Health in the NT

Causes of infant mortality for conditions originating in the perinatal period 1998 - 2002

1. Newborn affected by maternal conditions
2. Other respiratory conditions
3. Prematurity
4. Perinatal infections
5. Haemorrhagic and haematological disorders
6. Intrauterine hypoxia and birth asphyxia
7. Other

From Infancy to Adulthood, 2006

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Picture of Child Health in the NT

Causes of death in children aged 1-14 years, 1998 to 2002

From Infancy to Adulthood, 2006

1. Injuries and poisoning
2. Infectious and parasitic diseases
3. Circulatory diseases
4. Neoplasm
5. Respiratory diseases
6. Nervous and sense organ diseases
7. Ill-defined symptoms and signs
8. Mental disorders
9. Other

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Picture of Child Health in the NT

NT KEY CHILD HEALTH INDICATORS

- Infant Mortality Rate falling but remains **3x** non-Indigenous rate
- Low Birth Weight **2x** non-Indigenous rate
- High rate of infections, skin, chest, gastro
- High rates malnutrition and anaemia
- Higher rates of child abuse and neglect more under 4 years
- Post streptococcal disease ARF/RHD and PSGN
- Otitis media
- S.T.I

From Infancy to Young Adulthood (2006)

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What the Australian Government Intervention found?

KEY CHILD HEALTH INDICATORS:

| | |
|----------------------------|-----------------------|
| SIDS Risk | Growth |
| 5X higher | 10% stunted |
| 77% smoker in household | 20% underweight |
| 71% bed sharing | 5% wasted |
| 37% tobacco smoke exposure | 5% overweight |
| 33% soft sleeping surfaces | |
| Illness | Immunisations |
| 41% Untreated caries | 16% Immunisations due |
| 29% Ear disease | |
| 16% Anaemia | |
| 10% Skin sores | |
| 8% Scabies | |

NTER-OATSIH- May 08

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History of the Under 5's Program Development

2003 - Change in political will – NT labour govt funding for MCYH
 2003 - Medicare bundles of care proposed change in funding structures
 2005 - Employment of project officers to review best practice evidence
 2005/6 - Development of Under 5's Working party – cross divisional
 MCYH, Community Paediatricians (Central and Top End), Paediatricians, AMSANT, RANs, Remote Health, Community Care, Office of Aboriginal Policy, PPN, DMO's, Women's Health, FACS, CDU, SWSBSC plus others from time to time
 2008 - Pilot of Assessment tool in 5 communities
 Oct 2008 - AGI – Phase 3 "Roll out under 5's program in 3.5 months"
 Dec 2008 - Employ second project officer – Lesley
 July 2009 – Roll out of Healthy Under 5 Kids program

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Issues for consideration in planning

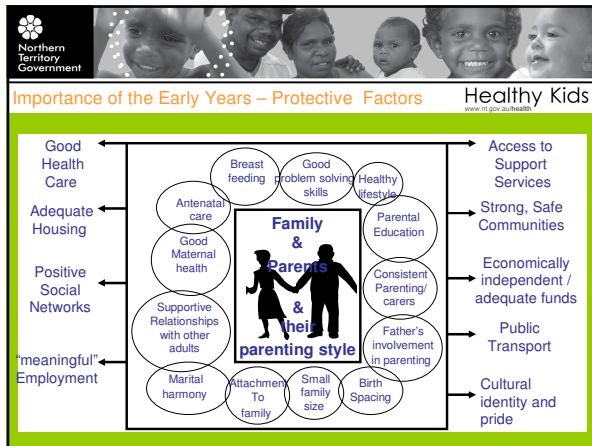
Primary health care team approach
 High level of health needs of general population
 Cultural differences in child rearing practices
 Workforce Issues

- ❖ Priority of emergency care, adult health etc
- ❖ Remote Staff have multiple roles
- ❖ Few resident doctors
- ❖ Shortage of AHWs
- ❖ Little capacity to devote more time to child health
- ❖ Few RANs trained in Child Health
- ❖ High staff turnover
- ❖ Other programs
- ❖ Consistency with other documentation

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Importance of the Early Years – Risk Factors



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Under 5's program

Child History

DOCUMENTATION

Paper based forms or PCIS 0-4 yr care plan

Anticipatory guidance points used throughout the documents

Risk Assessment
Social and Emotional health

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NORTHERN TERRITORY DEPARTMENT OF HEALTH AND FAMILIES

Childhood Vaccination Schedule 1 July 2008

| | Hepatitis B | Rotavirus | Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliovaccines | Haemophilus influenzae Type B | Conjunctivae Pharyngitis | Meningococcal | Meningococcal C | Poliovaccines | Pneumococcal | Vaccine | Diphtheria, Tetanus, Pertussis | Poliovaccines | Adult |
|-----------|-------------|-----------|--|-------------------------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------------------|-----------------|-----------------|
| | 0.5, 1, 6 | 2, 4 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 | 2, 4, 6, 12, 18 |
| Birth | ✓ | | | | | | | | | | | | |
| 2 months | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | |
| 4 months | | ✓ | ✓ | ✓ | ✓ | | | | | | | | |
| 6 months | | | ✓ | ✓ | ✓ | | | | | | | | |
| 12 months | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| 18 months | | | | | | | | | | | | | |
| 4 years | | | | | | | | | | | | | |
| 10 years | | | | | | | | | | | | | ✓ |
| 15 years | | | | | | | | | | | | | ✓ |
| 16 years | | | | | | | | | | | | | ✓ |

Vaccine notes:

- BCG for all Indigenous Australians, non-Indigenous who will live in Aboriginal communities, household of overseas born parents from high TB endemicity countries and for young blood for extended visits and associates of families who have been treated for TB
- Hepatitis B immunoglobulin for all infants of hepatitis B surface antigen positive mothers
- ORAL VACCINE: 1st dose must be given by 14 weeks of age; second dose must be given by 24 weeks of age
- First history of disease or reinfection
- Indigenous only
- Poliovaccines only: Requires 3 doses given at 0, 2 and 6 months

Information:

For more information contact your nearest Centre for Disease Control (CDC)

Darwin 8322 0144
Falmouth 8322 0145
Jedda 8322 2220
Alice Springs 8321 0247
Cairns 8321 0247

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- ### Components of the Healthy Under 5 Kids Schedule
- Continuity of care:
 - preconception – maternal – birthing – child – youth – adult health
 - Anticipatory Guidance: age appropriate education and support
 - Social and Emotional health
 - Child Development
 - Early identification and management of common health problems, such as ear disease and oral health
 - Child Growth and Nutrition


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- ### Components - Child Growth and Nutrition
- Continue with GAA schedule
- Encourage 2 weekly weights until 2 months (8 week check)
 - Encourage monthly weights till 2 years (previously was 3 years)
 - From 2 – 4 years - 6 monthly weight, height and haemoglobin
 - Monthly recall only for higher risk
 - Use Action Plans if a child is not growing well

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- ### Components - Anticipatory Guidance
- Integrate age appropriate health promotion messages at key contacts
- Limit to a couple of key message per visit.
 - So not to *Overload*
 - One-to-one advice does it work?
 - No evidence based research at present but experts are supportive
 - Priority areas identified and we will need to evaluate the impact


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Components - Anticipatory Guidance

| | |
|---|--|
| <p>Oral Health</p> <ul style="list-style-type: none"> - Maternal oral health important - Lift the Lip - Value of baby teeth - teeth cleaning and diet <p>Injury prevention</p> <ul style="list-style-type: none"> - Wash children around water, fires, falls, - Use of appropriate vehicle child restraints (ISSAHS report, 2005) <p>Promote, play and development and reading</p> <ul style="list-style-type: none"> - Encourage play and interaction between child, parents and carers - Link in to supported play groups/ Jet crèches pre-schools etc - Encourage reading to children <p>Parenting</p> <ul style="list-style-type: none"> - Support parents in their role as primary carers | <p>SIDS</p> <ul style="list-style-type: none"> - Safe sleeping practices - No smoking around infants and children - Not co-sleeping when using alcohol or drugs <p>Hygiene</p> <ul style="list-style-type: none"> - Wash babies at least every second day - Appropriate rubbish disposal - Tissue spears <p>Nutrition messages</p> <ul style="list-style-type: none"> - Exclusive Breast Feeding until 6 months - Introduction of solids at 6 months - 3 meals, 2 snacks per day for older children <p>Vaccination</p> <ul style="list-style-type: none"> - Follow NT Childhood vaccination schedule - Timeliness important |
|---|--|

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A story from the field.....

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Medicare Item 708

Aboriginal and Torres Strait Islander Child Health Check

- Doctors & RAN's, AHW's can share the workload
- Child must be seen by a doctor
- Annually, but can be 9 months between checks
- Early identification and treatment of infections
- Evaluation of this??

Can an annual health check improve outcomes?

- Need more contacts during early years
- Incremental yield of same check on a child every year likely to be low
- Amounts to approx 16,000 (for all NT children) remote consults per annum, workforce issues and opportunity costs
- Estimated revenue – funding source?

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Resources - Healthy Under 5 Kids

Paperwork - Assessment forms, wall planner, work plan

PCIS – **Under 5, Healthy Under 5 Kids Care plan**, Training, Central

User reference guide (URG) - developed

Resources – Resource folder, Online – Remote Atlas, Clinical Manual?

Training/Education - Self directed learning package by MCYH & CDU, Practical Paediatrics, Face to Face workshops

Rationale document – to be reformatted

Ongoing Evaluation – Pilot phase, Implementation phase, Outputs and Outcomes

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Contact List

| | | |
|---|--|---|
| <p>Director MCYH Sharon Haste 8985 8122</p> | <p>MCYH Top End Coordinator Karen Doyle 8922 7816</p> | <p>MCYH Central Coordinator Kevin Orrell 8955 6105</p> |
| <p>MCYH HU5K Project Team Lesley Nuttall 8985 8029 Tina McKinnon 8985 8047</p> | <p>MCYH Top End Administration Vicki-ann Buck 8922 7712</p> | <p>MCYH Central Administration Anne Marie Pearce 8955 6102</p> |