

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2015 - 2016, 1 - 2 June 2015

Ref No: SQ15-000426

OUTCOME: 3 - Access to Medical and Dental Services

Topic: Healthy Kids Check

Type of Question: Hansard Page 111, 1 June 2015

Senator: Moore, Claire

Question:

Senator MOORE: But your data indicates that the Indigenous population would be using the Indigenous program as opposed to the standard Healthy Kids Check?

Ms Cahill: I would have to double-check that. We could take that on notice.

Senator MOORE: If you could, that would be great. And is it possible to get a comparison between what is included in the Indigenous Healthy Kids Check—or whatever it is called—as opposed to what was in the other Healthy Kids Check, just to get a little bit of comparison?

Ms Cahill: Certainly.

Answer:

In 2013-14, 157,680 Healthy Kids Checks were provided to eligible patients. The Department of Health does not have a break-down of this figure by Indigenous status of patient.

Over the same period, 19,249 Aboriginal and Torres Strait Islander Child Health Assessments were provided to Aboriginal and Torres Strait Islander children between 0 and 5 years of age.

Comparison of services:

Aboriginal and Torres Strait Islander child health assessment

The Aboriginal and Torres Strait Islander Child Health Assessment is available to Indigenous children aged between 0 and 14 years. It may be provided every nine months and must include:

- Taking the patient's medical history, including the following:
 - mother's pregnancy history;
 - birth and neo-natal history;
 - breastfeeding history;
 - weaning, food access and dietary history;
 - physical activity;
 - previous presentations, hospital admissions and medication usage;

- relevant family medical history;
 - immunisation status;
 - vision and hearing (including neonatal hearing screening);
 - development (including achievement of age appropriate milestones);
 - family relationships, social circumstances and whether the person is cared for by another person;
 - exposure to environmental factors (including tobacco smoke);
 - environmental and living conditions;
 - educational progress;
 - stressful life events;
 - mood (including incidence of depression and risk of self-harm);
 - substance use;
 - sexual and reproductive health; and
 - dental hygiene (including access to dental services).
- The examination of the patient must include the following:
 - measurement of height and weight to calculate body mass index and position on the growth curve;
 - newborn baby check (if not previously completed);
 - vision (including red reflex in a newborn);
 - ear examination (including otoscopy);
 - oral examination (including gums and dentition);
 - trachoma check, if indicated;
 - skin examination, if indicated;
 - respiratory examination, if indicated;
 - cardiac auscultation, if indicated;
 - development assessment, if indicated, to determine whether age appropriate milestones have been achieved;
 - assessment of parent and child interaction, if indicated; and
 - other examinations in accordance with national or regional guidelines or specific regional needs, or as indicated by a previous child health assessment.
 - The GP undertaking or arranging any required investigation must consider the need for the following tests, in particular:
 - haemoglobin testing for those at a high risk of anaemia; and
 - audiometry, if required, especially for those of school age.

Healthy Kids Check

The Healthy Kids Check may be provided only once to a child who has turned three but before the child's fifth birthday. It must include the following basic physical examinations and assessments:

- Height and weight (plot and interpret growth curve/calculate BMI)
- Eyesight
- Hearing
- Oral health (teeth and gums)
- Toileting
- Allergies