New South Wales
Child Health Survey

2009-2010
Summary Report

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
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  Trends in health services
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Foreword

I am pleased to present the 2009-2010 Summary Report from the New South Wales Child Health Survey, which provides information on health behaviours, health status, health services, and social determinants of health, for children aged 0-15 years.

Since 1997, the Centre for Epidemiology and Evidence has been conducting surveys of state residents using computer assisted telephone interviewing (CATI). These surveys have become one of the main mechanisms through which the NSW Ministry of Health reports key health indicators in the National Preventive Health Strategy, AIHW’s Headline indicators for children’s health, development and wellbeing, 2011, the Australian National Breastfeeding Strategy 2010-2015, and NSW 2021: A plan to make NSW number one.

The 2009-2010 Summary Report shows several indicators of child health are improving. There have been significant increases in children eating more fruit, vegetables, and dairy, living in smoke-free homes, being driven in smoke-free cars, visiting dental professionals, participating in early childhood activities, going to pre-school (or childcare with a pre-school program), and being read to daily by parents or carers. Also, there has been a significant decrease in current asthma.

However, some indicators of child health require more action. The proportion of children who were fully breastfed or exclusively breastfed at 6 months remains low; the proportion of children who did at least 60 minutes of physical activity outside of school hours remains low; the proportion of children who used electronic media for entertainment for more than the recommended maximum of 2 hours a day remains high; there have been significant increases in the proportion of children who are either overweight or obese, or who have difficulty getting health care when needing it.

There is a wealth of other information in the survey dataset. This 2009-2010 Summary Report and other survey reports can be accessed via the website at www.health.nsw.gov.au/publichealth/surveys/index.asp. Also, a range of survey indicators are available from Health Statistics New South Wales at www.healthstats.doh.health.nsw.gov.au.

Unit record data for all surveys conducted by the Centre for Epidemiology and Evidence are available to authorised users of the Health Outcomes Information Statistical Toolkit (HOIST) under the terms of their confidentiality and security agreement. Those who do not have access to HOIST can lodge a data request with the Chief Health Officer.

Comments on the New South Wales Child Health Survey are welcome.

I thank all the individuals and organisations who contributed their time and expertise to assist in the development and conduct of the Survey in 2009-2010.

Kerry Chant
Deputy Director-General, Population Health and Chief Health Officer
March 2012
Executive summary

Introduction

Since 1997, the Centre for Epidemiology and Evidence has been conducting surveys of state residents using computer assisted telephone interviewing (CATI). Reports from the NSW Child Health Survey have been produced from data for 2001, 2003-2004, 2005-2006, and 2007-2008. This 2009-2010 Summary Report includes information on the health of 4,182 NSW residents aged 0-15 years.

The survey included questions used in previous surveys and new questions developed specifically for 2009-2010. All new questions were submitted to NSW Health’s Population and Health Services Research Ethics Committee for approval. New questions were also field-tested prior to inclusion. The instrument was translated into 5 languages: Arabic, Chinese, Greek, Italian, and Vietnamese.

In 2009-2010, interviews were carried out continuously between February and December. Households were sampled using list-assisted random digit dialling. When a household was contacted, one person was randomly selected for interview. If the selected respondent was a child under the age of 16 years, a parent or carer was selected as a proxy respondent. Parents or carers were asked a sub-set of questions depending on the age of their child. For example, questions on breastfeeding were asked of parents of children aged 0-23 months, questions on maternal folate were asked of mothers of children aged 0-11 months, questions on physical activity were asked of parents or carers of children aged 5-15 years, and questions on sun protection were asked of parents or carers of children aged 0-15 years.

The survey data have been weighted to account for probabilities of selection, as well as post-stratification, to match the survey sample to the NSW population. Results are reported by age group, sex, quintile of socioeconomic disadvantage, metropolitan and rural-regional health districts, mothers’ characteristics, and year (when available).

The indicators in this report are presented in graphical form (in the PDF and HTML versions) and in graphical and tabular form (in the HTML version). In most cases, trend data are presented from the base year; that is, from the first year data were collected for that indicator. In the HTML version, the table below the chart presents further information. Both the PDF and HTML versions can be obtained from the New South Wales Population Health Survey website at www.health.nsw.gov.au/publichealth/surveys/index.asp.

Health behaviours

Health behaviours influence child health and wellbeing from the antenatal period and beyond. Parental health behaviours directly influence children in their early years. Child health behaviours affect later life, because the beginnings of many chronic diseases may occur in childhood. To monitor these behaviours, this 2009-2010 Summary Report includes information on alcohol during pregnancy, breastfeeding, folate and pregnancy, immunisation, injury prevention (school fire safety programs and infant sleeping position), nutrition, physical activity (including sedentary behaviour), exposure to environmental tobacco smoke, and sun protection.

Among mothers of infants aged 0-11 months, 72.4 per cent had not consumed alcohol during pregnancy, 19.8 per cent reduced the amount of alcohol they drank, 2.3 per cent tried to give up drinking alcohol but were unsuccessful, 3.3 per cent successfully gave up drinking alcohol, and 2.2 per cent did not try to give up drinking alcohol.

Among children aged 0-23 months, 93.2 per cent had ever been breastfed, 32.3 per cent were breastfed at 12 months, 27.2 per cent were fully breastfed at 6 months, and 21.0 per cent were exclusively breastfed at 6 months.

Among mothers of infants aged 0-11 months, 54.4 per cent took folate supplements 1 month before and during the first trimester of pregnancy, 2.7 per cent took supplements 1 month before pregnancy only, and 32.6 per cent took supplements during the first trimester of pregnancy only.

Among parents or carers of children aged 2 months to 4 years, 64.8 per cent strongly supported childhood vaccination. Among children aged 2 months to 4 years, 94.6 per cent were completely up-to-date with their immunisations.
Among children aged 5-12 years, 76.5 per cent had participated in a fire education program at school, and 64.3 per cent of parents or carers took action on the messages they received from children who attended this program.

Among parents or carers of children aged 0-11 months, 87.7 per cent placed their children on their backs to sleep, the preferred sleeping position for preventing Sudden Infant Death Syndrome.

Among children aged 2-15 years, 72.6 per cent consumed the recommended daily intake of fruit, 43.1 per cent consumed the recommended daily intake of vegetables, and 67.6 per cent consumed the recommended daily intake of dairy products. Overall, 12.6 per cent of families ate together at table every day, 61.7 per cent of children hardly ever ate in front of the television, and 90.4 per cent of children ate breakfast every day.

Among children aged 5-15 years, 24.5 per cent did at least 60 minutes of physical activity outside of school hours each day, 45.3 per cent used electronic media for entertainment at home for more than the recommended maximum of 2 hours a day, and 46.1 per cent were driven by car to school each day.

Among children aged 0-15 years, 95.5 per cent lived in smoke-free households, and 96.9 per cent of parents or carers with cars banned smoking in their car.

Overall, 64.2 per cent of children aged 0-15 years did not get sunburnt last summer. Among children aged 0-15 years who went out in the sun last summer, 37.4 per cent always or often sought shade, 55.9 per cent always or often wore a hat or cap, 12.1 per cent always or often wore sunglasses, 69.8 per cent always or often wore a broad-spectrum sunscreen with an SPF of 15 or more, and 54.8 per cent always or often wore protective clothing. Twelve per cent of children were never in the sun last summer.

Among those parents or carers who went out in their local area, 52.8 per cent found it easy to find shade in sporting areas, 68.7 per cent found it easy to find shade in public pools, and 74.5 per cent found it easy to find shade in public parks.

**Health status**

Although New South Wales children are generally healthy, physical and emotional problems can affect their ability to enjoy life and participate in everyday activities. To monitor these problems, this 2009-2010 Summary Report includes information on health-related quality of life (self-rated health), asthma, diabetes or high blood glucose, hearing and vision, mental health, oral health, and population weight status.

According to their parents or carers, 91.3 per cent of children aged 5-15 years had excellent, very good, or good health status.

Among children aged 2-15 years, 22.4 per cent had ever been told by a doctor or hospital they had asthma, and 13.4 per cent currently have asthma (that is, have had symptoms of asthma or treatment for asthma in the last 12 months). Among children with current asthma, 51.9 per cent had a written asthma action plan to assist managing their asthma.

Among children aged 9-15 years, 0.9 per cent had ever been told by a doctor or hospital they had diabetes or high blood glucose; 37.9 per cent had a grandparent, aunt, uncle, or first cousin diagnosed with diabetes; and 8.7 per cent had a parent, brother, or sister diagnosed with diabetes.

Among children aged 0-15 years, 21.5 per cent had their hearing tested less than 1 year ago and 18.1 per cent had their hearing tested 1 year ago to less than 2 years ago.

Among children aged 0-15 years, 35.3 per cent had their eyesight tested less than 1 year ago and 17.1 per cent had their eyesight tested 1 year ago to less than 2 years ago. Overall, 95.6 per cent of children aged 0-15 years had normal vision in both eyes.

According to the Strengths and Difficulty Questionnaire (SDQ), 7.3 per cent of children aged 4-15 years were at substantial risk of developing clinically significant behavioural problems.

Among children aged 5-15 years, 72.8 per cent visited a dental professional in the last 12 months, 7.3 per cent had never visited a dental health professional, and 49.8 per cent had private health insurance for dental expenses.
According to adjusted estimates of BMI calculated from parent-reported height and weight, 3.4 per cent of children aged 2-15 years were underweight, 68.0 per cent were healthy weight, 18.5 per cent were overweight, and 10.1 per cent were obese.

Health services

This 2009-2010 Summary Report includes information on health service use and access (including private health insurance and difficulties getting health care), emergency department presentations, hospital admissions, general practices, public dental services, community health centres, early childhood health centres, and home visiting. Satisfaction with these services is also reported.

In the last 12 months, 23.4 per cent of children aged 0-15 years presented to an emergency department, 11.7 per cent were admitted to hospital for at least 1 night, 88.5 per cent visited a general practice, 12.4 per cent attended a public dental service or hospital, 13.4 per cent attended a community health centre, 19.8 per cent did not attend any health services, 55.7 per cent were covered by private health insurance, and 21.7 per cent had difficulties getting health care when needing it. The main types of difficulties were: waiting time for a general practitioner appointment (59.5 per cent), shortage of general practitioners (12.8 per cent), shortage of health services (12.8 per cent), difficulty in accessing specialists (11.3 per cent), emergency department waiting time (9.0 per cent), and quality of treatment (8.6 per cent).

Among parents or carers of children aged 0-15 years who attended a health service in the last 12 months: 82.1 per cent rated their child’s emergency department care as excellent, very good, or good; 90.7 per cent rated their child’s hospital care as excellent, very good, or good; 95.1 per cent rated their child’s general practice care as excellent, very good, or good; 94.0 per cent rated their child’s public dental service care as excellent, very good, or good; and 93.8 per cent rated their child’s community health service care as excellent, very good, or good.

Overall, 37.1 per cent of children aged 0-4 years attended an early childhood health centre in the last 12 months, and 94.2 per cent of parents or carers rated the care their child received as excellent, very good, or good.

Overall, 26.8 per cent of children aged 0-4 years were regularly seeing a baby or early childhood nurse. The mains reasons given for not seeing a baby or early childhood health nurse on a regular basis were: no need to attend anymore (63.4 per cent), use other services instead (15.0 per cent), and not useful any more (8.6 per cent).

Among children aged 0-11 months, 77.1 per cent received a home visit from a child or community nurse in the last 12 months. Of these, 97.9 per cent of parents or carers rated their child’s care positively: as excellent, very good, or good.

Social determinants of health

The health and wellbeing of children is strongly influenced by social determinants. To monitor these social determinants, this 2009-2010 Summary Report includes information on early childhood educational development (participation in early childhood activities, childcare, pre-school, and reading), and parental support.

Among children aged 0-5 years, 33.4 per cent currently participate in early childhood activities, and 36.3 per cent currently go to childcare.

Overall, 82.2 per cent of children aged 3-4 years currently attend a pre-school or childcare with a preschool program.

Among parents or carers of children aged 0-5 years, 73.8 per cent read to or looked at books with their child daily, and 5.7 per cent have never read or looked at books with their child.

Overall, 22.6 per cent of parents or carers of children aged 1-15 had ever felt the need for parental support services. Of those, 77.9 per cent used parental support services.
### Summary of key indicators, NSW, 2010

<table>
<thead>
<tr>
<th>Topic</th>
<th>Indicator</th>
<th>Metro % (95% CI)</th>
<th>Rural % (95% CI)</th>
<th>All % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health behaviours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever breastfed, children 0-23 months</td>
<td></td>
<td>93.2 (90.9-95.6)</td>
<td>93.2 (90.9-95.6)</td>
<td></td>
</tr>
<tr>
<td>Breastfed at 12 months, children 0-23 months</td>
<td></td>
<td>33.8 (27.9-39.8)</td>
<td>28.9 (20.9-37.3)</td>
<td>32.3</td>
</tr>
<tr>
<td>Exclusively breastfed at 6 months, children 0-23 months</td>
<td></td>
<td>21.6 (17.2-26.1)</td>
<td>19.7 (13.4-26.9)</td>
<td>21.0</td>
</tr>
<tr>
<td>Took folic acid supplements 1 month before and during the first 3 months of pregnancy, mothers of infants 0-11 months</td>
<td></td>
<td>56.4 (47.2-65.6)</td>
<td>48.9 (35.9-61.8)</td>
<td>54.4</td>
</tr>
<tr>
<td>Strongly or generally supports childhood immunisation, parents or carers of children 2 months to 4 years</td>
<td></td>
<td>91.7 (88.8-94.6)</td>
<td>96.7 (84.4-99.0)</td>
<td>91.6 (90.1-95.3)</td>
</tr>
<tr>
<td>Up-to-date with immunisations, children 2 months to 4 years</td>
<td></td>
<td>93.7 (92.9-94.7)</td>
<td>94.0 (90.8-97.3)</td>
<td>94.6 (92.5-96.6)</td>
</tr>
<tr>
<td>Participated in a fire education program at school, children 5-12 years</td>
<td></td>
<td>75.3 (71.8-78.9)</td>
<td>79.1 (75.3-82.9)</td>
<td>78.9 (73.8-77.3)</td>
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<tr>
<td>Placed on their back to sleep from birth, infants 0-11 months</td>
<td></td>
<td>89.6 (84.9-94.8)</td>
<td>82.0 (73.1-91.9)</td>
<td>87.7 (83.2-92.2)</td>
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<tr>
<td>Recommended daily fruit intake, children 2-15 years</td>
<td></td>
<td>73.9 (71.6-76.4)</td>
<td>70.2 (67.6-72.8)</td>
<td>70.9 (74.7-74.2)</td>
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<tr>
<td>Recommended daily vegetable intake, children 2-15 years</td>
<td></td>
<td>40.4 (38.0-42.7)</td>
<td>48.7 (46.0-51.5)</td>
<td>46.2 (44.4-46.9)</td>
</tr>
<tr>
<td>Food insecurity in the last 12 months, parents or carers of children 0-15 years</td>
<td></td>
<td>5.9 (4.7-7.1)</td>
<td>7.3 (6.3-8.4)</td>
<td>6.3 (5.6-7.6)</td>
</tr>
<tr>
<td>One or more hours of physical activity outside of school, children 5-16 years</td>
<td></td>
<td>21.7 (18.4-24.0)</td>
<td>30.3 (27.4-33.1)</td>
<td>26.3 (23.7-29.3)</td>
</tr>
<tr>
<td>Uses electronic media for entertainment at home for more than 2 hours a day, children 5-15 years</td>
<td></td>
<td>44.7 (40.2-49.5)</td>
<td>46.4 (43.3-49.6)</td>
<td>45.3 (42.4-47.4)</td>
</tr>
<tr>
<td>Smoke-free households, parents or carers of children 0-15 years</td>
<td></td>
<td>96.3 (95.4-97.1)</td>
<td>94.0 (92.7-95.2)</td>
<td>94.8 (93.6-96.3)</td>
</tr>
<tr>
<td>Bans smoking in car, parents or carers of children 0-15 years with a car</td>
<td></td>
<td>97.1 (96.3-97.8)</td>
<td>96.6 (95.7-97.5)</td>
<td>96.9 (95.7-97.5)</td>
</tr>
<tr>
<td>Did not get sunburnt last summer, children 0-15 years</td>
<td></td>
<td>58.1 (56.2-59.9)</td>
<td>60.1 (58.0-62.2)</td>
<td>61.6 (60.6-62.6)</td>
</tr>
<tr>
<td>Health status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent, very good, or good parent-reported health status, children 0-16 years</td>
<td></td>
<td>91.6 (90.1-93.1)</td>
<td>90.5 (88.8-92.3)</td>
<td>91.3 (90.1-92.4)</td>
</tr>
<tr>
<td>Ever diagnosed with asthma, children 2-15 years</td>
<td></td>
<td>20.9 (19.2-22.6)</td>
<td>25.6 (23.2-28.0)</td>
<td>22.4 (20.9-23.9)</td>
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<tr>
<td>ASA Current asthma, children 2-15 years</td>
<td></td>
<td>12.5 (10.1-14.1)</td>
<td>15.1 (13.1-17.1)</td>
<td>13.4 (12.1-14.6)</td>
</tr>
<tr>
<td>Normal vision in both eyes, children 0-15 years</td>
<td></td>
<td>95.2 (93.9-96.5)</td>
<td>96.3 (95.0-97.7)</td>
<td>96.5 (94.6-96.5)</td>
</tr>
<tr>
<td>Substantial risk of developing a clinically significant behavioural problem, children 4-15 years</td>
<td></td>
<td>6.7 (5.4-8.0)</td>
<td>8.7 (7.0-10.3)</td>
<td>7.3 (6.3-8.4)</td>
</tr>
<tr>
<td>Visited a dental professional in the last 12 months, children 5-16 years</td>
<td></td>
<td>72.9 (70.2-75.6)</td>
<td>72.7 (69.6-75.8)</td>
<td>72.8 (70.7-74.9)</td>
</tr>
<tr>
<td>Overweight, children 2-15 years</td>
<td></td>
<td>18.7 (16.7-20.7)</td>
<td>18.1 (15.8-20.4)</td>
<td>18.5 (17.0-20.1)</td>
</tr>
<tr>
<td>Obese, children 2-15 years</td>
<td></td>
<td>9.9 (8.3-11.5)</td>
<td>10.4 (8.6-12.3)</td>
<td>10.1 (8.8-11.3)</td>
</tr>
<tr>
<td>Overweight or obese, children 2-15 years</td>
<td></td>
<td>28.6 (26.3-31.0)</td>
<td>28.5 (25.8-31.2)</td>
<td>28.6 (26.3-30.5)</td>
</tr>
<tr>
<td>Health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency department rated as excellent, very good or good, parents or carers of children 0-15 years who presented to an emergency department in the last 12 months</td>
<td></td>
<td>92.4 (89.6-95.3)</td>
<td>91.1 (87.5-94.8)</td>
<td>91.8 (89.3-94.4)</td>
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<tr>
<td>Hospital care rated as excellent, very good or good, parents or carers of children 0-15 years who were admitted to hospital in the last 12 months</td>
<td></td>
<td>91.7 (87.4-96.0)</td>
<td>88.8 (82.4-95.1)</td>
<td>90.7 (87.1-94.3)</td>
</tr>
<tr>
<td>General practitioner care rated as excellent, very good or good, parents or carers of children 0-15 years who visited a general practitioner in the last 12 months</td>
<td></td>
<td>95.1 (94.0-96.1)</td>
<td>95.2 (93.9-96.4)</td>
<td>95.1 (94.3-95.9)</td>
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<tr>
<td>Difficulties getting health care when needing it, children 0-15 years</td>
<td></td>
<td>17.0 (15.3-18.7)</td>
<td>32.0 (29.5-34.4)</td>
<td>21.7 (20.3-23.1)</td>
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<tr>
<td>Private health insurance, children 0-15 years</td>
<td></td>
<td>59.9 (57.6-62.1)</td>
<td>46.8 (44.2-49.4)</td>
<td>55.7 (54.0-57.5)</td>
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<tr>
<td>Early childhood health centre attendance in the last 12 months, children 0-4 years</td>
<td></td>
<td>37.9 (33.4-42.6)</td>
<td>35.2 (30.1-40.2)</td>
<td>37.1 (33.4-41.5)</td>
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<tr>
<td>Early childhood health centre care rated as excellent, very good or good, parents or carers of children 0-4 years who are currently attending an early childhood health centre</td>
<td></td>
<td>93.4 (91.1-95.7)</td>
<td>94.9 (91.2-97.8)</td>
<td>94.7 (91.9-96.5)</td>
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<tr>
<td>Regularly seeing a baby or early childhood health nurse, children 0-4 years</td>
<td></td>
<td>26.5 (23.3-29.8)</td>
<td>27.6 (23.3-30.0)</td>
<td>26.8 (24.1-29.5)</td>
</tr>
<tr>
<td>Home visit from child or community nurse in the last 12 months, infants 0-11 months</td>
<td></td>
<td>79.4 (72.8-86.1)</td>
<td>70.0 (68.0-82.0)</td>
<td>71.7 (72.3-80.5)</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently participate in early childhood activities, children 0-5 years</td>
<td></td>
<td>33.6 (30.3-37.0)</td>
<td>32.9 (28.6-37.1)</td>
<td>33.4 (30.7-36.1)</td>
</tr>
<tr>
<td>Attendance at preschool or childcare with a preschool program, children 3-4 years</td>
<td></td>
<td>82.9 (77.9-88.0)</td>
<td>80.4 (74.4-86.5)</td>
<td>82.2 (78.2-86.1)</td>
</tr>
<tr>
<td>Read to child daily, parents or carers of children 0-5 years</td>
<td></td>
<td>73.8 (70.6-77.0)</td>
<td>73.7 (69.7-77.7)</td>
<td>73.8 (71.8-76.3)</td>
</tr>
<tr>
<td>Need for support services, parents or carers of children 1-15 years</td>
<td></td>
<td>22.5 (20.6-24.4)</td>
<td>22.6 (20.4-24.8)</td>
<td>22.6 (21.1-24.0)</td>
</tr>
</tbody>
</table>

Methods

Introduction

The New South Wales Child Health Survey is a continuous survey of the health of children using computer assisted telephone interviewing (CATI). The main aims of the survey are to: provide information on population health; support the planning, implementation and evaluation of health programs and services.

Survey instrument

The survey instrument included question modules on demographics, health behaviours, health status, health services, and social determinants of health. Most of the survey questions have been used in previous surveys. All questions not previously used were submitted to the NSW Population and Health Services Research Ethics Committee for approval prior to use. New questions were also field tested before inclusion. The instrument was translated into 5 languages: Arabic, Chinese, Greek, Italian and Vietnamese.

Survey sample

The target population for the continuous survey is all NSW residents living in households with private telephones. In 2009-2010, the target sample was approximately 500 children in each of the 8 area health services which existed at that time (a total sample of 4,000).

The sampling frame was developed as follows. Records from the Australia on Disk electronic white pages (phone book) were geo-coded using MapInfo mapping software.[2] The geo-coded telephone numbers were assigned to statistical local areas and area health services. The proportion of numbers for each telephone prefix was calculated by area health service. All prefixes were expanded with suffixes ranging from 0000 to 9999. The resulting list was then matched back to the electronic phone book. All numbers that matched numbers in the electronic phone book were flagged and the number was assigned to the relevant geo-coded area health service. Unlisted numbers were assigned to the area health service containing the greatest proportion of numbers with that prefix. Numbers were then filtered to eliminate continuous nonlisted blocks of greater than 10 numbers. The remaining numbers were then checked against the business numbers in the electronic phone book to eliminate business numbers. Finally, numbers were stratified by area health service and randomly selected by area health service. Households were contacted using random digit dialling. One person from the household was randomly selected for inclusion in the survey.

Interviews

In 2009 and 2010, interviews were carried out continuously between February and December. A 1800 freecall contact number and website details were provided to potential respondents, so they could verify the authenticity of the survey and ask any questions regarding the survey. Trained interviewers at the Health Survey Program CATI facility carried out interviews. Up to 7 calls were made to establish initial contact with a household, and up to 5 calls were made in order to contact a selected respondent. When the selected respondent was a child under the age of 16 years, a parent or carer was selected as a proxy respondent. Parents or carers were asked a sub-set of questions depending on the age of their child.

Call outcomes and response rates

In 2009-2010, a total of 4,182 interviews were completed for children aged 0-15 years, with at least 480 children interviewed from each stratum (former area health service). The overall participation rate was 58.0 per cent (the number of completed interviews divided by the sum of the number of completed interviews and the number of refusals). Of the interviews completed for children aged 0-15 years, 97.8 per cent were conducted in English; the remaining interviews were conducted in Chinese, Vietnamese, Arabic, Greek, and Italian.

Data analysis

Although the target sample was stratified by the 8 old area health services, the final sample was not sufficiently representative to report by the 15 new local health districts; however, results are reported by metropolitan and rural-regional health districts, allocated by postcode. For analysis, the survey sample was weighted to adjust for differences in the probabilities of selection among respondents. These differences
were due to the varying number of adults and children living in each household, the number of residential telephone connections for the household, and the varying sampling fraction in each area health service.

Post-stratification weights were used to reduce the effect of differing non-response rates among males and females and different age groups on the survey estimates. These weights were adjusted for differences between the age and sex structure of the survey sample and the most recent Australian Bureau of Statistics mid-year population estimates (excluding residents of institutions) for each area health service. This enables calculation of prevalence estimates for the state population rather than for the respondents selected. Further information on the weighting process is provided elsewhere.[2-3]

Call and interview data were manipulated and analysed using SAS version 9.2.[4] The Taylor expansion method was used to estimate sampling errors of estimators based on the stratified random sample.[4]

Estimates are provided with a 95 per cent confidence interval, which provides a range of values that should contain the actual value 95 per cent of the time. The width of the confidence interval relates to the differing sample size for each indicator. In general, a wider confidence interval reflects less certainty in the estimate for that indicator.

The LIFETEST procedure in SAS version 9.2 was used to perform survival analysis on breastfeeding data.[4] The length of time infants received any breastfeeding, full breastfeeding, and exclusive breastfeeding were modelled. The time infants were exclusively breastfed was determined from the date breastfeeding started (initial event) to the introduction of either solids, a milk substitute, water, juice, stopped breastfeeding, or the date of the survey (terminating event). The time infants were fully breastfed was determined from the date breastfeeding started (initial event) to the introduction of either solids, a milk substitute, stopped breastfeeding, or the date of the survey (terminating event). The survival analysis calculated non-parametric estimates of the survival distribution function using the life table method. The procedure calculated proportions at time intervals and 95 per cent confidence intervals using the weights that were rescaled to the survey sample.

**Definition of metropolitan and rural-regional**

In this report, the term metropolitan means the respondent lived in 1 of the 8 geographical LHDs designated greater metropolitan: Central Coast, Illawarra Shoalhaven, Nepean Blue Mountains, Northern Sydney, South Eastern Sydney, South Western Sydney, Sydney, and Western Sydney. The term rural-regional means the respondent lived in 1 of the 7 geographical LHDs designated rural or regional: Far West, Hunter New England, Mid North Coast, Murrumbidgee (including Albury LGA), Northern NSW, Southern NSW, and Western NSW.

**Socioeconomic disadvantage**

The Socio-Economic Indexes for Areas (SEIFA) describe the socioeconomic aspects of geographical areas in Australia, using a number of underlying variables such as family and household characteristics, personal educational qualifications, and occupation.[5] The SEIFA Index of Relative Socio-Economic Disadvantage was assigned by respondents' postcode of residence and then grouped into 5 quintiles, with quintile 1 being the least disadvantaged and quintile 5 being the most disadvantaged.

**References**

Sample representativeness and characteristics

In 2009-2010, male children were slightly under-represented in the New South Wales Child Health Survey, making up 51.0 per cent of the survey sample, compared with 51.3 per cent of the overall residential population of New South Wales. Conversely, female children were slightly over-represented, making up 49.0 per cent of the survey sample, compared with 48.7 per cent of the overall residential population of New South Wales. Comparisons of the distribution of the survey sample and that of the overall residential population are shown in the table ‘Survey sample size and New South Wales population by age group and sex’. After weighting, the age- and sex-distribution of the survey sample reflected that of the overall residential population.

Aboriginal children comprised 4.2 per cent of the weighted sample, which is similar to their representation in the overall residential population of New South Wales (4.1 per cent), and children born overseas comprised 5.9 per cent of the weighted sample, which is less than their representation in the overall residential population of New South Wales (11.7 per cent) according to the 2008 ABS mid-year population estimates.[1]

Of the interviews completed for children aged 0-15 years, 78.0 per cent were with married parents or carers, 1.1 per cent were with widowed parents or carers, 4.2 per cent were with separated parents or carers who were not divorced, 5.9 per cent were with divorced parents or carers, and 10.8 per cent were with parents or carers who had never been married.

Of the interviews completed for children aged 0-15 years, 48.0 per cent were with parents or carers with an income of more than $80,000 a year, 16.4 per cent with an income of $60,001 to $80,000 a year, 14.5 per cent with an income of $40,001 to $60,000 a year, 13.2 per cent with an income of $20,001 to $40,000 a year, and 7.9 per cent with an income of less than $20,000 a year.

References

1. ABS mid-year population estimates for 2009-2010 are based on 2006 Census counts and population projections from the Transport and Population Data Centre, Department of Planning (HOIST).
Age distribution of unweighted survey sample versus NSW population by sex, children 0-15 years, NSW, 2009-2010

Note: Graph compares the survey sample with the Australian Bureau of Statistics 2010 mid-year population estimates (excluding residents of institutions).

Survey sample size and NSW population by age group and sex, children 0-15 years, NSW, 2009-2010

Note: Table compares the survey sample with the Australian Bureau of Statistics 2010 mid-year population estimates (excluding residents of institutions).
Country of birth of child, children 0-15 years, NSW, 2009-2010

Note: Estimates are based on 4,178 respondents in NSW. For this indicator 4 (0.10%) were not stated (Don’t know Refused) in NSW. English Speaking Countries (ESC) include the UK, USA, New Zealand, Canada & South Africa. The question used was: In which country was child born?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Health behaviours

Health behaviours influence child health and wellbeing from the antenatal period and beyond. Parental health behaviours directly influence children in their early years. Child health behaviours affect later life, because the beginnings of many chronic diseases may occur in childhood. This section of the 2009-2010 Summary Report from the NSW Child Health Survey includes the following indicators for health behaviours:

- Alcohol during pregnancy
- Breastfeeding
- Folate and pregnancy
- Immunisation
- Injury prevention
- Nutrition
- Physical activity
- Smoking
- Sun protection
Alcohol during pregnancy

Introduction

National clinical guidelines issued in 2006 recommend all pregnant women should be given information on the risks associated with drinking alcohol during pregnancy, and advise no completely safe level of alcohol consumption has been determined for the fetus.[1,2]

As maternal alcohol consumption can harm the developing fetus, Guideline 4 of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol recommends not drinking alcohol is the safest option for women who are pregnant, or are planning a pregnancy.[3]

Results

Graph for this indicator shows alcohol status during pregnancy for mothers of children aged 0-11 months by geographical location. Results for this indicator include:

- **Alcohol status during pregnancy**: 72.4 per cent of mothers did not consume alcohol during pregnancy (74.9 per cent metropolitan; 65.4 per cent rural-regional), 19.8 per cent reduced the amount of alcohol they drank (18.5 per cent metropolitan; 23.3 per cent rural-regional), 2.3 per cent tried to give up drinking alcohol but were unsuccessful (1.1 per cent metropolitan; 5.7 per cent rural-regional), 3.3 per cent successfully gave up drinking alcohol (2.5 per cent metropolitan; 5.6 per cent rural-regional), and 2.2 per cent did not try to give up drinking alcohol (3.0 per cent metropolitan; 0.0 per cent rural-regional).

References

Alcohol status during pregnancy, mothers of infants 0-11 months who consumed alcohol, NSW, 2009-2010

- Did not drink alcohol: 72.4%
- Reduced the amount of alcohol they drank: 19.8%
- Tried to give up drinking alcohol but was unsuccessful: 2.3%
- Successfully gave up drinking alcohol: 3.3%
- Did not try to give up drinking alcohol: 2.2%

Note: Estimates are based on 217 respondents in NSW. For this indicator 2 (0.91%) were not stated (Don’t know Refused) in NSW. The questions used were: When you were pregnant with child, did you ever drink alcohol? When you were pregnant with child, did you reduce the amount of alcohol you drank, try to give up alcohol but were unsuccessful, successfully gave up alcohol, none of the above?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.
Breastfeeding

Introduction

A large body of Australian and international evidence shows that breastfeeding provides significant value to infants, mothers and society: breastfed babies are less likely to suffer from a range of serious illnesses and conditions such as gastroenteritis, respiratory illness, and otitis media; breastfeeding promotes faster maternal recovery from childbirth; women who have breastfed have reduced risks of breast and ovarian cancers in later life; the protective effects of breastfeeding in infancy may extend to later life, with reduced risks of obesity and chronic disease. Breastfeeding may also assist the bonding and attachment between mothers and babies. Also, several Australian and overseas studies have estimated substantial hospitalisation costs associated with premature weaning, because of its association with infant illness.[1-5]

To achieve optimal growth, development, and health, it is recommended infants are exclusively breastfed for the first 6 months of life, and thereafter should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to 2 years or beyond. According to the World Health Organization definition, exclusively breastfed infants receive only breastmilk, plus medications including vitamins if required, without any additional food or drink including water.[3]

Recommendations for nationally-standardised monitoring of breastfeeding practices outline 7 indicators for the monitoring of breastfeeding: per cent ever breastfed, per cent breastfeeding at each month of age to 12 months, median duration of breastfeeding among ever breastfed children, per cent exclusively breastfed in previous 24 hours at each month of age to 6 months, per cent fully breastfed in previous 24 hours at each month of age to 6 months, per cent receiving solid foods in previous 24 hours at each month of age to 6 months, and per cent receiving milk substitutes in previous 24 hours at each month of age to 6 months.[6]

In this report, ever breastfed means an infant has been put to the breast, if only once, and/or an infant has received expressed breastmilk but has never been put to the breast; fully breastfed means an infant has received breastmilk as the main source of nourishment, but can take some other liquids such as water, water-based drinks, fruit juices, oral rehydration solutions, ritual fluids, and drops or syrups (excluding breastmilk substitutes or solids); exclusively breastfed means an infant has received only breastmilk from his or her mother or a wet nurse, or expressed breastmilk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines; breastmilk substitute means any milk, other than breastmilk, or food based fluid used in infant feeding as a replacement for breastmilk, whether or not it is suitable for that purpose (commonly includes infant formula, cow’s milk, and other milk fed to infants).[3,6]

Results

Graph for this indicator shows duration of any breastfeeding, fully breastfed, and exclusively breastfed for children aged 0-23 months. Results for this indicator include:

- **Any breastfeeding at each month of age**: declined from 91.1 per cent at birth to 83.9 per cent at 1 month, 72.6 per cent at 3 months, 59.7 per cent at 6 months, and 32.3 per cent at 12 months.
- **Fully breastfed at each month of age**: declined from 91.1 per cent at birth to 76.0 per cent at 1 month, 59.5 per cent at 3 months, and 27.2 per cent at 6 months.
- **Exclusively breastfed at each month of age**: declined from 91.1 per cent at birth to 66.8 per cent at 1 month, 51.2 per cent at 3 months, and 21.0 per cent at 6 months.

Graphs for these indicators show ever breastfed, fully breastfed, and exclusively breastfed for children aged 0-23 months by sex, geographical location, mothers’ characteristics, and year. Results for these indicators include:

- **Ever breastfed**: 93.2 per cent of children had ever been breastfed (92.8 per cent male; 93.6 per cent female; 93.2 per cent metropolitan; 93.2 per cent rural-regional). There has been no significant change in the proportion of children who had ever been breastfed between 2001 and 2009-2010.
- **Breastfed at 12 months**: 32.3 per cent of children were breastfed at 12 months (30.2 per cent male; 33.1 per cent female; 33.8 per cent metropolitan; 28.9 per cent rural-regional). There has been a significant increase in the proportion of children who were breastfed at 12 months between 2001 and 2009-2010 (25.8 per cent to 32.3 per cent).
- **Fully breastfed at 6 months**: 27.2 per cent of children were fully breastfed at 6 months (24.1 per cent (WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.)
male; 30.7 per cent female; 25.6 per cent metropolitan; 30.8 per cent rural-regional). There has been a significant increase in the proportion of children who were fully breastfed at 6 months between 2001 and 2009-2010 (14.5 per cent to 27.2 per cent).

- **Exclusively breastfed at 6 months**: 21.0 per cent of children were exclusively breastfed at 6 months (14.9 per cent male; 27.1 per cent female; 21.6 per cent metropolitan; 19.7 per cent rural-regional). There has been a significant increase in the proportion of children who were exclusively breastfed at 6 months between 2003-2004 and 2009-2010 (12.6 per cent to 21.0 per cent).

Graphs for these indicators show introduction of solids and breastmilk substitutes for children aged 0-23 months by sex, geographical location, mothers’ characteristics, and year. Results for these indicators include:

- **Introduction of solids**: 44.6 per cent of children were introduced to solids before 6 months (46.8 per cent male; 41.9 per cent female; 46.4 per cent metropolitan; 41.8 per cent rural-regional). There has been a significant decrease in the proportion of children who were introduced to solids before 6 months between 2001 and 2009-2010 (69.4 per cent to 44.6 per cent).

- **Breastmilk substitutes before 6 months**: 52.8 per cent of children were introduced to breastmilk substitutes before 6 months (52.2 per cent male; 53.4 per cent female; 53.8 per cent metropolitan; 51.2 per cent rural-regional). There has been a significant decrease in the proportion of children who were introduced to breastmilk substitutes before 6 months between 2001 and 2009-2010 (59.4 per cent to 52.8 per cent).

**References**


Duration of breastfeeding, children 0-23 months, NSW, 2009-2010

Note: Estimates are based on 492 respondents in NSW. For this indicator 21 (4.09%) were not stated (Don't know Refused) in NSW. The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cows milk)? At what age was child first given milk substitute regularly? At what age was child first given solid food regularly? At what age was child first given fruit juice regularly? At what age was child first given water regularly? Estimates derived using survival analysis based on a life table method.

Ever breastfed by mothers’ characteristics, children 0-23 months, NSW, 2009-2010

Note: Estimates are based on 513 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know Refused) in NSW. The indicator includes those infants who have ever been breastfed. The question used to define the indicator was: Has child ever been breastfed?
Ever breastfed by region and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (513), 2007-2008 (685), 2005-2006 (625), 2003-2004 (589), 2001 (1,486). The indicator includes those infants who have ever been breastfed. The question used to define the indicator was: Has child ever been breastfed?


Ever breastfed by sex and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (513), 2007-2008 (685), 2005-2006 (625), 2003-2004 (589), 2001 (1,486). The indicator includes those infants who have ever been breastfed. The question used to define the indicator was: Has child ever been breastfed?

Breastfed at 12 months by mothers' characteristics, children 0-23 months, NSW, 2009-2010

Note: Estimates are based on 510 respondents in NSW. For this indicator 3 (0.58%) were not stated (Don't know Refused) in NSW. The indicator includes children who were breastfed at 12 months. The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? n/a = prevalence estimates not presented due to unreliability.


Breastfed at 12 months by region and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (510), 2007-2008 (675), 2005-2006 (622), 2003-2004 (589), 2001 (1,486). The indicator includes children who were breastfed at 12 months. The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed?

Breastfed at 12 months by sex and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (510), 2007-2008 (675), 2005-2006 (622), 2003-2004 (589), 2001 (1,486). The indicator includes children who were breastfed at 12 months. The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed?


Fully breastfed at 6 months by mothers’ characteristics, children 0-23 months, NSW, 2009-2010

Note: Estimates are based on 504 respondents in NSW. For this indicator 9 (1.75%) were not stated (Don't know Refused) in NSW. The indicator includes those children who were only given breastmilk, water and juice at 6 months. The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cows milk)? At what age was child first given milk substitutes regularly? At what age was child first given solid food regularly? Estimates derived using survival analysis based on a life table method. n/a = prevalence estimates not presented due to unreliability.

Fully breastfed at 6 months by region and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (504), 2007-2008 (658), 2005-2006 (614), 2003-2004 (583), 2001 (1,466). The indicator includes those children who were only given breastmilk, water and juice at 6 months. The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cows milk)? At what age was child first given milk substitutes regularly? At what age was child first given solid food regularly? Estimates derived using survival analysis based on a life table method.


Fully breastfed at 6 months by sex and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (504), 2007-2008 (658), 2005-2006 (614), 2003-2004 (583), 2001 (1,466). The indicator includes those children who were only given breastmilk, water and juice at 6 months. The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cows milk)? At what age was child first given milk substitutes regularly? At what age was child first given solid food regularly? Estimates derived using survival analysis based on a life table method.

Exclusively breastfed at 6 months by mothers’ characteristics, children 0-23 months, NSW, 2009-2010

Note: Estimates are based on 492 respondents in NSW. For this indicator 21 (4.09%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who were exclusively breastfed at 6 months (received breastmilk and no other liquids or solids). The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk substitutes regularly? At what age was child first given solid food regularly? At what age was child first given fruit juice regularly? At what age was child first given water regularly? Estimates derived using survival analysis based on a life table method. n/a = prevalence estimates not presented due to unreliability.


Exclusively breastfed at 6 months by region and year, children 0-23 months, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (492), 2007-2008 (642), 2005-2006 (603), 2003-2004 (577). The indicator includes those children who were exclusively breastfed at 6 months (received breastmilk and no other liquids or solids). The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk substitutes regularly? At what age was child first given solid food regularly? At what age was child first given fruit juice regularly? At what age was child first given water regularly? Estimates derived using survival analysis based on a life table method. n/a = prevalence estimates not presented due to unreliability.

Exclusively breastfed at 6 months by sex and year, children 0-23 months, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (492), 2007-2008 (642), 2005-2006 (603), 2003-2004 (577). The indicator includes those children who were exclusively breastfed at 6 months (received breastmilk and no other liquids or solids). The questions used to define the indicator were: Has child ever been breastfed? Is child currently being breastfed? Including times of weaning, what is the total time child was breastfed? Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cows milk)? At what age was child first given milk substitutes regularly? At what age was child first given fruit juice regularly? At what age was child first given water regularly? Estimates derived using survival analysis based on a life table method.


Introduced solids before 6 months by mothers’ characteristics, children 0-23 months, NSW, 2009-2010

Note: Estimates are based on 511 respondents in NSW. For this indicator 2 (0.39%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who were given solids before 6 months of age. The question used to define the indicator was: At what age was child first given solid food regularly? Estimates derived using survival analysis based on a life table method.

Introduced breastmilk substitutes before 6 months by mothers’ characteristics, children 0-23 months, NSW, 2009-2010

Note: Estimates are based on 507 respondents in NSW. For this indicator 6 (1.17%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who received breastmilk substitutes before 6 months. The questions used to define the indicator were: Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cow's milk)? At what age was child first given milk substitutes regularly? Estimates derived using survival analysis based on a life table method.


Introduced breastmilk substitutes before 6 months by region and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (507), 2007-2008 (666), 2005-2006 (617), 2003-2004 (583), 2001 (1,481). The indicator includes those children who received breastmilk substitutes before 6 months. The questions used to define the indicator were: Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cow's milk)? At what age was child first given milk substitutes regularly? Estimates derived using survival analysis based on a life table method.

Introduced breastmilk substitutes before 6 months by sex and year, children 0-23 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (507), 2007-2008 (666), 2005-2006 (617), 2003-2004 (583), 2001 (1,481). The indicator includes those children who received breastmilk substitutes before 6 months. The questions used to define the indicator were: Has child ever been given infant or toddler formula regularly (regularly means at least once a day)? At what age was child first given infant or toddler formula regularly? Has child ever been given cow’s milk regularly? At what age was child first given cow’s milk regularly? Has child ever been given any other type of milk substitute on a regular basis (apart from breast milk/infant formula/cow’s milk)? At what age was child first given milk substitutes regularly? Estimates derived using survival analysis based on a life table method.


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Folate and pregnancy

Introduction

Folate is a B group vitamin found naturally in foods such as fresh vegetables and fruit, orange juice, legumes, nuts, liver, and yeast. It is also present in fortified products such as breads and breakfast cereals, and can be taken in supplementary form in tablets or capsules. An adequate intake of folate around the time of conception can reduce the risk of neural tube defects, which are reported in around 60 pregnancies in New South Wales each year. Women should increase their intake of folate at least 1 month before and during the first trimester of pregnancy.[1-3]

Results

Graphs for these indicators show folate supplement status for mothers of children aged 0-11 months by geographical location, mothers’ characteristics, and year. Results for these indicators include:

- Folate supplements 1 month before and during the first trimester of pregnancy: 54.4 per cent of mothers took folate supplements 1 month before and during the first trimester of pregnancy (56.4 per cent metropolitan; 48.9 per cent rural-regional), 2.7 per cent took supplements 1 month before pregnancy only, 32.6 per cent took supplements during the first trimester of pregnancy only, and 10.3 per cent did not take folate supplements before and during the first trimester of pregnancy. There has been no significant change in the proportion of mothers of infants aged 0-11 months who took folate supplements 1 month before and during the first trimester of pregnancy between 2001 and 2009-2010.

References

Folate supplements before and during pregnancy, mothers of infants 0-11 months, NSW, 2009-2010

Yes, in the month before and first 3 months of pregnancy: 54.4%
Yes, in the month before pregnancy only: 2.7%
Yes, in the first 3 months of pregnancy only: 32.6%
No: 10.3%

Note: Estimates are based on 211 respondents in NSW. For this indicator 6 (2.76%) were not stated (Don't know Refused) in NSW. The questions used were: (Before 2008) Did you take tablets or capsules containing folate or folic acid in the month immediately before and/or the first 3 months of this pregnancy? (From 2008) Did you take capsules or tablets containing at least 0.5mg of folate daily in the month immediately before you became pregnant? Did you take capsules or tablets containing at least 0.5mg of folate daily in the first three months of this pregnancy?


Took folate supplements 1 month before and during the first 3 months of pregnancy by mothers’ characteristics, mothers of infants 0-11 months, NSW, 2009-2010

Note: Estimates are based on 211 respondents in NSW. For this indicator 6 (2.76%) were not stated (Don't know Refused) in NSW. The indicator includes mothers of infants aged 0-11 months who took folate supplements 1 month before and during the first 3 months of pregnancy. The questions used to define the indicator were: (Before 2008) Did you take tablets or capsules containing folate or folic acid in the month immediately before and/or the first 3 months of this pregnancy? (From 2008) Did you take capsules or tablets containing at least 0.5mg of folate daily in the month immediately before you became pregnant? Did you take capsules or tablets containing at least 0.5mg of folate daily in the first three months of this pregnancy? n/a = prevalence estimates not presented due to unreliability.

Took folate supplements 1 month before and during the first 3 months of pregnancy by region and year, mothers of infants 0-11 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (211), 2007-2008 (301), 2005-2006 (263), 2003-2004 (262), 2001 (601). The indicator includes mothers of infants aged 0-11 months who took folate supplements 1 month before and during the first 3 months of pregnancy. The questions used to define the indicator were: (Before 2008) Did you take tablets or capsules containing folate or folic acid in the month immediately before and/or in the first 3 months of this pregnancy? (From 2008) Did you take capsules or tablets containing at least 0.5mg of folate daily in the month immediately before you became pregnant? Did you take capsules or tablets containing at least 0.5mg of folate daily in the first three months of this pregnancy?

Immunisation

Introduction

Immunisation and the provision of population wide vaccination programs remains one of the most effective and cost-efficient public health measures to prevent disease. Vaccination programs introduced in New South Wales over the last 70 years have resulted in a remarkable reduction in the incidence of many vaccine preventable diseases. Coverage for recommended vaccines, as measured by the Australian Childhood Immunisation Register (ACIR), has increased among all recommended cohorts.[1]

The NSW Immunisation Strategy 2008-2011 has identified 5 priorities relating to the NSW Immunisation Program: increasing age-appropriate immunisation coverage for 4-year-olds; strengthening information and records management systems for school-based immunisation programs; further developing a partnership approach with all stakeholders; addressing workforce issues; and, social marketing of immunisation and the NSW Immunisation Program.[1-2]

For infants at birth, the key aim of the Strategy is to: achieve 100 per cent screening for hepatitis B in the antenatal target group; achieve 100 per cent hepatitis B immunoglobulin (HBIG) and hepatitis B vaccination within 12 hours for infants born to hepatitis B surface antigen (HBsAg) positive mothers; and, achieve at least 90 per cent birth dose hepatitis B vaccine coverage for all neonates.[1-2]

For children aged up to school entry, the key aim of the Strategy is to: achieve at least 90 per cent of children recorded as fully immunised by the ACIR for the 12 to <15 month age cohort (including pneumococcal vaccine); achieve at least 90 per cent of children recorded as fully immunised by the ACIR for the 24 to <27 month age cohort (including meningococcal C & varicella vaccine); and, achieve at least 90 per cent of children recorded as fully immunised by the ACIR for the 60 to <65 month age cohort.[1-2]

For children who are under-immunised where there is no objection to vaccination, the key aim of the Strategy is to increase age-appropriate immunisation coverage for children identified as under-immunised. For children who are under-immunised where there is an objection to vaccination, the key aim of the Strategy is to minimise the risk of outbreaks of vaccine preventable disease among persons with a conscientious objection to vaccination; and, reduce the potential impact of misinformation related to vaccination and vaccine preventable disease on immunisation uptake in communities with a high conscientious objection population.[1-2]

Results

Graphs for these indicators show support for immunisation and up-to-date with immunisation for children aged 2 months to 4 years by age, sex, socioeconomic characteristics, geographical location, mothers' characteristics, and year. Results for these indicators include:

- **Support for childhood immunisation**: 93.1 per cent of parents or carers strongly or generally support childhood immunisation (91.7 per cent metropolitan; 96.7 per cent rural-regional). There has been a significant decrease in the proportion of parents or carers who strongly or generally support childhood immunisation between 2001 and 2009-2010 (97.4 per cent to 93.1 per cent).

- **Up-to-date with childhood immunisation**: 94.6 per cent of parents or carers thought their child was completely up-to-date with their childhood immunisation (94.8 per cent metropolitan; 94.0 per cent rural-regional). There has been no significant change in the proportion of parents or carers who thought their child was completely up-to-date with their childhood immunisation between 2007-2008 and 2009-2010.

References


Support for childhood immunisation, parents or carers of children 2 months to 4 years, NSW, 2009-2010

### Strongly or generally supports childhood immunisation by socioeconomic disadvantage, parents or carers of children 2 months to 4 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile (most disadvantaged)</td>
<td>96.9</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>92.9</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>92.6</td>
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<tr>
<td>2nd Quintile</td>
<td>92.1</td>
</tr>
<tr>
<td>1st Quintile (least disadvantaged)</td>
<td>91.8</td>
</tr>
<tr>
<td>NSW</td>
<td>93.1</td>
</tr>
</tbody>
</table>

**Note:** Estimates are based on 642 respondents in NSW. For this indicator 5 (0.77%) were not stated (Don't know Refused) in NSW. The indicator includes parents or carers who strongly or generally supported child immunisations. In 2001, the question was: Overall, how do you feel about childhood vaccination: strongly support it, generally support it, indifferent or don't care, opposed to it? Since 2003, the question has been: Overall, how do you feel about childhood vaccination: strongly support it, generally support it, neither support nor oppose it, generally oppose it, strongly oppose it?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Strongly or generally supports childhood immunisation by mothers’ characteristics, parents or carers of children 2 months to 4 years, NSW, 2009-2010

Note: Estimates are based on 642 respondents in NSW. For this indicator 5 (0.77%) were not stated (Don’t know Refused) in NSW. The indicator includes parents or carers who strongly or generally supported child immunisations. In 2001, the question was: Overall, how do you feel about childhood vaccination: strongly support it, generally support it, indifferent or don’t care, opposed to it? Since 2003, the question has been: Overall, how do you feel about childhood vaccination: strongly support it, generally support it, neither support nor oppose it, generally oppose it, strongly oppose it?


Strongly or generally supports childhood immunisation by region and year, parents or carers of children 2 months to 4 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (642), 2003-2004 (625), 2001 (3,439). The indicator includes parents or carers who strongly or generally supported child immunisations. In 2001, the question was: Overall, how do you feel about childhood vaccination: strongly support it, generally support it, indifferent or don’t care, opposed to it? Since 2003, the question has been: Overall, how do you feel about childhood vaccination: strongly support it, generally support it, neither support nor oppose it, generally oppose it, strongly oppose it?

Immunisation status, children 2 months to 4 years, NSW, 2009-2010

- Completely up to date: 94.6%
- Has had some: 4.2%
- Hasn't had any: 1.2%

Note: Estimates are based on 644 respondents in NSW. For this indicator 3 (0.46%) were not stated (Don't know Refused) in NSW. The question used was: Do you think child is up to date with his or her immunisations: yes, completely up to date; no, but has had some; no, hasn't had any?


Up-to-date with immunisations by socioeconomic disadvantage, children 2 months to 4 years, NSW, 2009-2010

- 5th Quintile (most disadvantaged): 91.2%
- 4th Quintile: 92.1%
- 3rd Quintile: 95.4%
- 2nd Quintile: 95.1%
- 1st Quintile (least disadvantaged): 97.7%
- NSW: 94.6%

Note: Estimates are based on 644 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know Refused) in NSW. The indicator includes parents or carers who said child was completely up-to-date with his or her immunisations. The question used to define the indicator was: Do you think child is up-to-date with his or her immunisations: yes, completely up to date; no, but has had some; no, hasn't had any?

Up-to-date with immunisations by mothers’ characteristics, children 2 months to 4 years, NSW, 2009-2010

Note: Estimates are based on 644 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don’t know Refused) in NSW. The indicator includes parents or carers who said child was completely up-to-date with his or her immunisations. The question used to define the indicator was: Do you think child is up-to-date with his or her immunisations: yes, completely up to date; no, but has had some; no, hasn’t had any?


Up-to-date with immunisations by region and year, children 2 months to 4 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (644), 2007-2008 (923). The indicator includes parents or carers who said child was completely up-to-date with his or her immunisations. The question used to define the indicator was: Do you think child is up-to-date with his or her immunisations: yes, completely up to date; no, but has had some; no, hasn’t had any?

Injury prevention

Introduction

Injury affects Australians of all ages, is the greatest cause of death in the first half of life, and leaves many with serious disability or long-term conditions. For these reasons, injury prevention and control has been declared a National Health Priority Area. [1] Fire & Rescue NSW runs fire safety programs in schools, which aim to teach children fire safety practices and behaviours that could save lives.[2]

Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of an infant under 1 year of age where the death remains unexplained despite complete postmortem examination. Risk factors for SIDS include front and side sleeping positions, soft sleeping surfaces and loose bedding, overheating, passive smoking, and bed sharing. Guidelines issued by the NSW Ministry of Health recommend 3 main ways to reduce the risk: put infant on the back to sleep from birth, make sure infant's head remains uncovered during sleep, and keep infant in a smoke-free environment before and after birth.[3]

Results

Graphs for these indicators show participation in a school fire education for children aged 5-12 years by age, sex, socioeconomic disadvantage, geographical location, and year, parental messages received, and parental action taken. Results for these indicators include:

- **Participated in a fire education program at school**: 76.5 per cent of children participated in a fire education program at school (77.4 per cent male; 75.7 per cent female; 75.3 per cent metropolitan; 79.1 per cent rural-regional). There has been no significant change in the proportion of children who participated in a fire education program at school between 2003-2004 and 2009-2010.

- **Parental messages from school fire education programs**: get down low and go go go (38.9 per cent), home evacuation plan (28.5 per cent), stop drop and roll (32.0 per cent), install smoke alarms (29.4 per cent), and knotted rope (2.4 per cent).

- **Took action on messages received**: 64.3 per cent of parents or carers took action on messages received (64.2 per cent male; 64.5 per cent female; 60.4 per cent metropolitan; 71.8 per cent rural-regional). There has been a significant increase in the proportion of parents or carers who took action on messages received from child's fire education program between 2003-2004 and 2009-2010 (53.3 per cent to 64.3 per cent).

Graphs for this indicator show infant sleeping position for children aged 0-11 months by sex, socioeconomic disadvantage, geographical location, mothers’ characteristics, and year. Results for this indicator include:

- **Placed on their backs to sleep from birth**: 87.7 per cent of parents or carers put infants on their back to sleep from birth (90.0 per cent male; 85.4 per cent female; 89.6 per cent metropolitan; 82.0 per cent rural-regional). There has been a significant increase in the proportion of parents or carers of infants aged 0-11 months who put infants on their back to sleep between 2001 and 2009-2010 (63.6 per cent to 87.7 per cent).

References

Participated in a fire education program at school by region and year, children 5-12 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,212), 2007-2008 (1,939), 2005-2006 (1,820), 2003-2004 (1,903). The indicator includes those children who have participated in a fire education program. The question used to define the indicator was: Has child participated in the fire education program in schools?


Participated in a fire education program at school by sex and year, children 5-12 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,212), 2007-2008 (1,939), 2005-2006 (1,820), 2003-2004 (1,903). The indicator includes those children who have participated in a fire education program. The question used to define the indicator was: Has child participated in the fire education program in schools?

Message parent or carer received about fire education program, children 5-12 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-8 years</td>
<td>39.3</td>
</tr>
<tr>
<td>9-12 years</td>
<td>38.4</td>
</tr>
</tbody>
</table>

- Get down low & go go go
- Home evacuation plan
- Stop drop and roll
- Install smoke alarms
- Knotted rope
- None of the above

Note: Estimates are based on 1,992 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know Refused) in NSW. The questions used were: Has child participated in a fire education program in schools? Did child tell you about any of the following: get down low and go go go, home evacuation plan, stop drop and roll, install smoke alarms, knotted rope, none of the above? Respondents could mention more than 1 response. Percentages may total more than 100%.


Took action following fire education program by socioeconomic disadvantage, parents or carers of children 5-12 years who participated in a fire education program, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>5-8 years</th>
<th>9-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile</td>
<td>58.3</td>
<td>70.1</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>72.3</td>
<td>72.1</td>
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<td>3rd Quintile</td>
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<td>59.0</td>
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<tr>
<td>1st Quintile</td>
<td>70.5</td>
<td>56.4</td>
</tr>
<tr>
<td>NSW</td>
<td>65.2</td>
<td>63.5</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 831 respondents in NSW. For this indicator 22 (2.58%) were not stated (Don't know Refused) in NSW. The indicator includes parents or carers who had taken action on information from the children the fire education program in schools. The questions used to define the indicator were: Has child participated in the fire education program in schools? Did child tell you about any of the following: get down low and go go go, home evacuation plan, stop drop and roll, install smoke alarms, knotted rope, none of the above? Did you take action on any of these things?

Took action following fire education program by region and year, parents or carers of children 5-12 years who participated in a fire education program, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (831), 2007-2008 (1,375), 2005-2006 (1,286), 2003-2004 (1,320). The indicator includes parents or carers who had taken action on information from the children the fire education program in schools. The questions used to define the indicator were: Has child participated in the fire education program in schools? Did child tell you about any of the following: get down low and go go go, home evacuation plan, stop drop and roll, install smoke alarms, knotted rope, none of the above? Did you take action on any of these things?


Took action following fire education program by sex and year, parents or carers of children 5-12 years who participated in a fire education program, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (831), 2007-2008 (1,375), 2005-2006 (1,286), 2003-2004 (1,320). The indicator includes parents or carers who had taken action on information from the children the fire education program in schools. The questions used to define the indicator were: Has child participated in the fire education program in schools? Did child tell you about any of the following: get down low and go go go, home evacuation plan, stop drop and roll, install smoke alarms, knotted rope, none of the above? Did you take action on any of these things?

Placed on their back to sleep from birth by socioeconomic disadvantage, infants 0-11 months, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile</td>
<td>82.1</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>79.9</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>85.4</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>93.0</td>
</tr>
<tr>
<td>1st Quintile</td>
<td>87.7</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 261 respondents in NSW. For this indicator 2 (0.76%) were not stated (Don’t know, Refused) in NSW. The indicator includes infants who were placed on their back to sleep from birth. The question used to define the indicator was: What position did you put child to sleep from birth on his or her back, on his or her side, on his or her tummy, any other position?


Placed on their back to sleep from birth by mothers’ characteristics, infants 0-11 months, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25 years</td>
<td>87.1</td>
</tr>
<tr>
<td>25 years and over</td>
<td>89.4</td>
</tr>
<tr>
<td>Tertiary qualifications</td>
<td>88.5</td>
</tr>
<tr>
<td>Without tertiary</td>
<td>89.9</td>
</tr>
<tr>
<td>English speaking</td>
<td>90.1</td>
</tr>
<tr>
<td>Non English speaking</td>
<td>85.6</td>
</tr>
<tr>
<td>NSW</td>
<td>87.7</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 261 respondents in NSW. For this indicator 2 (0.76%) were not stated (Don’t know, Refused) in NSW. The indicator includes infants who were placed on their back to sleep from birth. The question used to define the indicator was: What position did you put child to sleep from birth on his or her back, on his or her side, on his or her tummy, any other position?

Placed on their back to sleep from birth by region and year, infants 0-11 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (261), 2007-2008 (364), 2005-2006 (319), 2003-2004 (303), 2001 (723). The indicator includes infants who were placed on their back to sleep from birth. The question used to define the indicator was: What position did you put child to sleep from birth on his or her back, on his or her side, on his or her tummy, any other position?


Placed on their back to sleep from birth by sex and year, infants 0-11 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (261), 2007-2008 (364), 2005-2006 (319), 2003-2004 (303), 2001 (723). The indicator includes infants who were placed on their back to sleep from birth. The question used to define the indicator was: What position did you put child to sleep from birth on his or her back, on his or her side, on his or her tummy, any other position?

Nutrition

Introduction

Children are nutritionally vulnerable and their nutrient and energy requirements per kilo of bodyweight are greater than adults. Also, there is a relationship between nutrition in childhood and the development of diseases in adulthood. According to the Dietary Guidelines for Children and Adolescents in Australia,[1] current dietary recommendations include:

- fruit: 1 serve a day for children aged 4-11 years, and 3 serves for children aged 12-18 years, depending on their overall diet;
- vegetables: 2 serves a day for children aged 4-7 years, and 3 serves for children aged 8 years and over, depending on their overall diet;
- dairy (including milk, yoghurt and cheese): 2 serves a day for children aged 4-11 years, and 3 serves for children aged 12-18 years, depending on their overall diet;
- lean meat, fish, poultry, nuts, and legumes: 1/2 to 1 serve a day for children aged 4-7 years, and 1 serve for children aged 8-18 years, depending on their overall diet;
- consistent and sufficient food for an active and healthy life.

The Guidelines also recommend that:

- consumption of fruit juice in children aged 1-6 years should be limited to about 150 millilitres a day; consumption in children aged 7-18 years should be limited to 240-360 millilitres a day; also, children should be encouraged to eat whole fruits to meet their recommended daily fruit intake;
- while reduced-fat milks are not suitable for children aged less than 2 years, as milk is a major energy source in these children, who are in a period of rapid growth, reduced-fat milks are recommended for older children and adolescents when the diet has diversified;
- the diet should be low in sugar, salt and fat; therefore, limiting soft drinks or cordials, takeaway foods, fried potatoes products, potato crisps and salty snacks, processed meat products, confectionary, and sweet and savoury biscuits, cakes, donuts, or muesli bars, is encouraged.

The Guidelines list strategies to encourage good eating habits and monitor food consumption, including:

- establishing routines where the child and caregiver sit down together and talk during meal times and snacks;
- establishing habits, such as milk with a meal and water at bedtime, which will help ensure variety and nutritional adequacy;
- keeping in the fridge, or on the kitchen bench, a snack-box containing healthy snack foods such as pieces of fruit, vegetables, cheese and small sandwiches, which the child can either use independently or have offered to them;
- introducing the practice of having the child at the table for meal times as soon as he or she is able to sit up and grasp foods;
- not giving the child too large a serving;
- providing foods the child likes, plus a new food to try;
- being accepting if the child does not like particular foods, as likes and dislikes change over time.

Where the Guidelines do not provide a rationale for monitoring a particular indicator, the survey follows the recommendations in Monitoring food habits in the Australian population using short questions from the National Food and Nutrition Monitoring and Surveillance Project.[2]

According to the Nutrient Reference Values for Australia and New Zealand,[3] current recommendations for fluid consumption (including plain water, milk, and other drinks) by life stage and gender are:

- boys and girls aged 1-3 years, 1.0 litre a day (about 4 cups); boys and girls aged 4-8 years, 1.2 litres a day (about 5 cups); boys aged 9-13 years, 1.6 litres a day (about 6 cups); boys aged 14-18 years, 1.9 litres a day (about 7-8 cups); girls aged 9-13 years, 1.4 litres a day (about 5-6 cups); girls aged 14-18 years, 1.6 litres a day (about 6 cups).

Following the NSW Childhood Obesity Summit in 2002, the NSW Government launched Fresh Tastes @ School, a healthy canteen strategy that defines, through a set of nutrient criteria, foods and drinks that should be sold on no more than 2 occasions per school term.[4]

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Results

Graphs for these indicators show consumption of fruit, vegetables, milk, dairy, lower fat or skim milk, and food insecurity for children aged 2-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Fruit consumption:** 72.6 per cent of children consumed the recommended daily fruit intake (96.4 per cent 2-8 years; 50.7 per cent 9-15 years; 70.7 per cent male; 74.6 per cent female; 73.7 per cent metropolitan; 70.2 per cent rural-regional). There has been a significant increase in the proportion of children aged 5-12 years consuming the recommended daily fruit intake between 2001 and 2009-2010 (70.0 per cent to 72.6 per cent).

- **Vegetable consumption:** 43.1 per cent of children consumed the recommended daily vegetable intake (51.9 per cent 2-8 years; 35.0 per cent 9-15 years; 43.3 per cent male; 42.8 per cent female; 40.4 per cent metropolitan; 48.7 per cent rural-regional). There has been a significant increase in the proportion of children aged 2-15 years who consumed the recommended daily vegetable intake between 2001 and 2009-2010 (13.0 per cent to 43.1 per cent).

- **Milk consumption:** 49.2 per cent of children consumed 2 or more cups of milk a day (51.6 per cent 2-8 years; 47.0 per cent 9-15 years; 53.4 per cent male; 44.6 per cent female; 48.7 per cent metropolitan; 50.2 per cent rural-regional). There has been a significant decrease in the proportion of children aged 2-15 years who consumed 2 or more cups of milk a day between 2001 and 2009-2010 (58.2 per cent to 49.2 per cent).

- **Dairy consumption:** 67.6 per cent of children consumed the recommended daily dairy intake (82.2 per cent 2-8 years; 54.2 per cent 9-15 years; 70.7 per cent male; 64.4 per cent female; 66.5 per cent metropolitan; 70.1 per cent rural-regional). There has been a significant increase in the proportion of children aged 2-15 years who consumed the recommended daily dairy intake between 2001 and 2009-2010 (53.0 per cent to 67.6 per cent).

- **Lower fat or skim milk consumption:** 25.0 per cent of children usually consumed lower fat or skim milk (20.8 per cent 2-8 years; 28.8 per cent 9-15 years; 22.7 per cent male; 27.4 per cent female; 24.7 per cent metropolitan; 25.5 per cent rural-regional). There has been no significant change in the proportion of children aged 2-15 years who usually consumed lower fat or skim milk between 2007-2008 and 2009-2010.

- **Food insecurity:** 5.9 per cent of parents or carers experienced food insecurity in the last 12 months (4.7 per cent 2-8 years; 7.3 per cent 9-15 years; 5.9 per cent metropolitan; 5.7 per cent rural-regional). There has been no significant change in the proportion of parents or carers who experienced food insecurity in the last 12 months between 2001 and 2009-2010. Family coping methods for food insecurity included: cut down on the variety of foods family eats (44.2 per cent), seeking help from relatives (26.2 per cent), parent or carer skips meals or eats less (18.2 per cent), seek help from welfare agencies (14.5 per cent), seek help from friends (9.1 per cent), child skips meals or eats less (2.0 per cent), and seek help from government or social security (1.7 per cent).

Graphs for these indicators show consumption of red meat, water, fruit juice, and foods high in sugar, salt and fat (including soft drinks or cordials, takeaway foods, fried potatoes products, potato crisps and salty snacks, and processed meat products, confectionary, and sweet and savoury biscuits, cakes, donuts, or muesli bars), for children aged 2-15 years by age group. Results for these indicators include:

- **Red meat:** 5.3 per cent of children consumed red meat (such as beef, lamb, liver or kidney but not pork or ham) less than once a week, 1.9 per cent once a week, 8.4 per cent twice a week, 21.4 per cent 3 times a week, 29.7 per cent 4 times a week, 18.1 per cent 5 times a week, 6.8 per cent 6 times a week, and 8.5 per cent 7 or more times a week.

- **Water:** 1.6 per cent of children consumed no cups of water a day, 0.9 per cent consumed less than 1 cup a day, 6.5 per cent 1 cup a day, 16.8 per cent 2 cups a day, 18.8 per cent 3 cups a day, 22.5 per cent 4 cups a day, 12.0 per cent 5 cups a day, and 21.0 per cent 6 or more cups a day.

- **Fruit juice:** 26.8 per cent of children consumed no cups of juice a day, 20.8 per cent less than 1 cup a day, 33.7 per cent 1 cup a day, 11.8 per cent 2 cups a day, 4.2 per cent 3 cups a day, and 2.6 per cent more than 3 cups a day.

- **Soft drink, cordial, or sports drink:** 46.0 per cent of children did not consume soft drink or cordial or sports drinks, 9.4 per cent 1 cup a week, 7.8 per cent 2 cups a week, 8.0 per cent 3-5 cups a week, 15.3 per cent 6-10 cups a week, and 13.5 per cent 11 or more cups a week.

- **Takeaway food:** 21.1 per cent of children did not consume takeaway foods, 45.2 per cent less than once a week, 27.2 per cent once a week, 6.4 per cent more than once a week but less than daily, and 0.1 per cent daily or more.

- **Hot fried potato products:** 14.9 per cent of children did not consume hot fried potato products, 30.6
per cent less than once a week, 33.2 per cent once a week, 13.4 per cent twice a week, 5.1 per cent 3
times a week, 1.1 per cent 4 times a week, 0.4 per cent 5 times a week, and 1.2 per cent more than 5 times
a week.

- **Potato crisps or salty snacks:** 20.9 per cent of children did not consume potato crisps or salty snacks,
  18.9 per cent consumed them once a week, 19.4 per cent once a week, 12.1 per cent twice a week, 8.9 per
  cent 3 times a week, 3.5 per cent 4 times a week, 2.4 per cent 5 times a week, and 13.9 per cent more than
  5 times a week.

- **Processed meat products:** 13.7 per cent of children did not consume processed meat products, 10.5
  per cent consumed them less than once a week, 22.4 per cent once a week, 21.4 per cent twice a week,
  13.5 per cent 3 times a week, 5.2 per cent 4 times a week, 2.5 per cent 5 times a week, and 10.8 per cent
  more than 5 times a week.

- **Confectionary:** 13.8 per cent of children did not consume confectionary including chocolate,
  confectionary bars, and lollies, 10.8 per cent consumed them less than once a week, 23.3 per cent once a
  week, 18.7 per cent twice a week, 12.0 per cent 3 times a week, 4.5 per cent 4 times a week, 1.6 per cent 5
  times a week, and 15.3 per cent more than 5 times a week.

- **Sweet and savoury biscuits, cakes, donuts, or muesli bars:** 10.9 per cent of children did not
  consume sweet and savoury biscuits, cakes, donuts, or muesli bars, 5.2 per cent consumed them less than
  once a week, 11.2 per cent once a week, 13.9 per cent twice a week, 13.4 per cent 3 times a week, 4.8 per
  cent 4 times a week, 3.0 per cent 5-6 times a week, 3.4 per cent daily, and 3.6 per cent more than daily.

Graphs for these indicators show indicators that encourage good eating habits in children aged 2-15 years
by age group. Results for these indicators include:

- **Eating together at table:** 12.6 per cent of families at table every day, 28.1 per cent almost every day
  (5-6 times a week), 38.7 per cent less than daily (2-4 times a week), and 20.5 per cent hardly ever (0-1
  times a week).
- **Eating in front of the television:** 61.7 per cent of children hardly ever ate in front of the television (0-1
  times a week), 18.2 per cent less than daily (2-4 times a week), 3.9 per cent almost every day (5-6 times
  a week), and 16.2 per cent every day.
- **Eating breakfast:** 90.4 per cent of children ate breakfast every day, 4.4 per cent almost every day (5-6
  times a week), 3.6 per cent less than daily (2-4 times a week), and 1.7 per cent hardly ever (0-1 times a
  week).
- **Offered water with meals or snacks:** 77.0 per cent of parents or carers usually offered child water to
  drink with meals or snacks, 10.3 per cent sometimes offered water, and 12.7 per cent rarely or never
  offered water.
- **Offered sweets as a reward:** 64.8 per cent of parents or carers rarely or never offered child sweets
  such as lollies, ice cream, cake, or biscuits as a reward for good behaviour, 31.4 per cent offered them
  sometimes, and 7.3 per cent usually offered them.

- **Knowledge of Fresh Tastes @ School Strategy:** 64.8 per cent of parents or carers had ever heard of
  the healthy school canteen strategy Fresh Tastes @ School (61.6 per cent metropolitan; 71.5 per cent
  rural-regional). There has been a significant decrease in the proportion of parents or carers who had
  ever heard of the healthy school canteen strategy Fresh Tastes @ School between 2005-2006 and
  2009-2010 (74.4 per cent to 64.8 per cent).

References

1. National Health and Medical Research Council. *Dietary Guidelines for Children and Adolescents in
   Australia: Incorporating the Infant Feeding Guidelines for Health Workers* Canberra: National Health and
2. Marks G, Webb K, Rutishauser I, and Riley M for the National Food and Nutrition Monitoring and
   Surveillance Project. *Monitoring food habits in the Australian population using short questions.*
   Canberra: Australian Food and Nutrition Monitoring Unit and Commonwealth Department of Health and
   Aged Care, 2001.
Number of serves of fruit a day, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,645 respondents in NSW. For this indicator 21 (0.57%) were not stated (Don’t know Refused) in NSW. The question used was: How many serves of fruit does child usually eat each day? One serve is equivalent to 1 medium piece or 2 small pieces of fruit.


Recommended daily fruit intake by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,645 respondents in NSW. For this indicator 21 (0.57%) were not stated (Don’t know Refused) in NSW. The indicator includes children who meet the minimum recommended daily consumption of fruit. The minimum recommended daily consumption of fruit according to the NHMRC Dietary Guidelines for Children and Adolescents in Australia is 1 serve for children aged 4-11 years and 3 serves for children aged 12-18, depending on their overall diet. The guide does not provide recommendations for children aged 2-3 years and so the recommendations for 4-11 year old children have been applied. One serve is equivalent to 1 medium piece or 2 small pieces of fruit. The question used to define the indicator was: How many serves of fruit does child usually eat each day?

Recommended daily fruit intake by region and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,645), 2007-2008 (4,403), 2005-2006 (3,527), 2003-2004 (4,250), 2001 (7,882). The indicator includes children who meet the minimum recommended daily consumption of fruit. The minimum recommended daily consumption of fruit according to the NHMRC Dietary Guidelines for Children and Adolescents in Australia is 1 serve for children aged 4-11 years and 3 serves for children aged 12-18, depending on their overall diet. The guide does not provide recommendations for children aged 2-3 years and so the recommendations for 4-11 year old children have been applied. One serve is equivalent to 1 medium piece or 2 small pieces of fruit. The question used to define the indicator was: How many serves of fruit does child usually eat each day?


Recommended daily fruit intake by sex and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,645), 2007-2008 (4,403), 2005-2006 (3,527), 2003-2004 (4,250), 2001 (7,882). The indicator includes children who meet the minimum recommended daily consumption of fruit. The minimum recommended daily consumption of fruit according to the NHMRC Dietary Guidelines for Children and Adolescents in Australia is 1 serve for children aged 4-11 years and 3 serves for children aged 12-18, depending on their overall diet. The guide does not provide recommendations for children aged 2-3 years and so the recommendations for 4-11 year old children have been applied. One serve is equivalent to 1 medium piece or 2 small pieces of fruit. The question used to define the indicator was: How many serves of fruit does child usually eat each day?

Number of serves of vegetables a day, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Serves</th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>No serves</td>
<td>35.6%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Less than 1 serve</td>
<td>30.8%</td>
<td>28.7%</td>
</tr>
<tr>
<td>1 serve</td>
<td>15.8%</td>
<td>18.3%</td>
</tr>
<tr>
<td>2 serves</td>
<td>6.0%</td>
<td>9.7%</td>
</tr>
<tr>
<td>3 serves</td>
<td>2.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>4 serves</td>
<td>1.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>More than 5 serves</td>
<td>4.9%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,625 respondents in NSW. For this indicator 41 (1.12%) were not stated (Don't know Refused) in NSW. The question used was: How many serves of vegetables does child usually eat each day? One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables.


Recommended daily vegetable intake by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile (most disadvantaged)</td>
<td>48.5%</td>
<td>29.2%</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>52.8%</td>
<td>42.9%</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>48.8%</td>
<td>36.0%</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>54.0%</td>
<td>33.6%</td>
</tr>
<tr>
<td>1st Quintile (least disadvantaged)</td>
<td>54.9%</td>
<td>33.8%</td>
</tr>
<tr>
<td>NSW</td>
<td>51.9%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,625 respondents in NSW. For this indicator 41 (1.12%) were not stated (Don't know Refused) in NSW. The indicator includes children who consumed the minimum recommended daily intake of vegetables. The minimum recommended daily vegetable intake according to the NHMRC Dietary Guidelines for Children and Adolescents in Australia is defined as 2 serves a day for children aged 4-7 years and 3 serves a day for children aged 8 years and over, depending on their overall diet. The guide does not provide recommendations for children aged 2-3 years and so the recommendations for 4-7 year old children have been applied. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables does child usually eat each day?

Recommended daily vegetable intake by region and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,625), 2007-2008 (4,389), 2005-2006 (3,919), 2003-2004 (6,694), 2001 (7,847). The indicator includes children who consumed the minimum recommended daily intake of vegetables. The minimum recommended daily vegetable intake according to the NHMRC Dietary Guidelines for Children and Adolescents in Australia is defined as 2 serves a day for children aged 4-7 years and 3 serves a day for children aged 8 years and over, depending on their overall diet. The guide does not provide recommendations for children aged 2-3 years and so the recommendations for 4-7 year old children have been applied. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables does child usually eat each day?


Recommended daily vegetable intake by sex and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,625), 2007-2008 (4,389), 2005-2006 (3,919), 2003-2004 (6,694), 2001 (7,847). The indicator includes children who consumed the minimum recommended daily intake of vegetables. The minimum recommended daily vegetable intake according to the NHMRC Dietary Guidelines for Children and Adolescents in Australia is defined as 2 serves a day for children aged 4-7 years and 3 serves a day for children aged 8 years and over, depending on their overall diet. The guide does not provide recommendations for children aged 2-3 years and so the recommendations for 4-7 year old children have been applied. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables does child usually eat each day?

Two or more cups of milk a day by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,531 respondents in NSW. For this indicator 21 (0.59%) were not stated (Don’t know Refused) in NSW. The indicator includes children who have 2 cups of milk or more per day. The question used to define the indicator was: How many cups of milk does child usually drink each day? 1 cup = 250ml, a household tea cup.


Two or more cups of milk a day by region and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,531), 2007-2008 (4,381), 2005-2006 (3,893), 2003-2004 (4,186), 2001 (7,725). The indicator includes children who have 2 cups of milk or more per day. The question used to define the indicator was: How many cups of milk does child usually drink each day? 1 cup = 250ml, a household tea cup.

Two or more cups of milk a day by sex and year, children 2-15 years, NSW, 2001-2010

![Chart](chart.png)

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**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,531), 2007-2008 (4,301), 2005-2006 (3,893), 2003-2004 (4,186), 2001 (7,725). The indicator includes children who have 2 cups of milk or more per day. The question used to define the indicator was: How many cups of milk does child usually drink each day? 1 cup = 250ml, a household tea cup.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

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Recommended daily dairy intake by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

![Chart](chart.png)

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**Note:** Estimates are based on 3,580 respondents in NSW. For this indicator 86 (2.35%) were not stated (Don’t know Refused) in NSW. The indicator includes children who consume the minimum recommended daily intake of dairy products (2 serves per day of milk, cheese, yoghurt or custard if aged 4-11 years or 3 serves per day if aged 12-15 years). The NHMRC Dietary Guidelines for Children and Adolescents in Australia does not provide recommendations for children aged 2-3 years and so the recommendations for 4-11 year old children have been applied. The questions used to define the indicator were: How many cups of milk does child drink per day? How many serves of custard does child have per day? How many serves of yoghurt does child have per day? How many serves of cheese does child have per day? A serve of dairy foods is: 250ml of milk or custard; 200ml of yoghurt, or 40g of cheese.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Recommended daily dairy intake by region and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,580), 2007-2008 (4,319), 2005-2006 (3,831), 2003-2004 (4,174), 2001 (7,905). The indicator includes children who consume the minimum recommended daily intake of dairy products (2 serves per day of milk, cheese, yoghurt or custard if aged 4-11 years or 3 serves per day if aged 12-15 years). The NHMRC Dietary Guidelines for Children and Adolescents in Australia does not provide recommendations for children aged 2-3 years and so the recommendations for 4-11 year old children have been applied. The questions used to define the indicator were: How many cups of milk does child drink per day? How many serves of custard does child have per day? How many serves of yoghurt does child have per day? How many serves of cheese does child have per day? A serve of dairy foods is: 250ml of milk or custard; 200ml of yoghurt, or 40g of cheese.


Recommended daily dairy intake by sex and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,580), 2007-2008 (4,319), 2005-2006 (3,831), 2003-2004 (4,174), 2001 (7,905). The indicator includes children who consume the minimum recommended daily intake of dairy products (2 serves per day of milk, cheese, yoghurt or custard if aged 4-11 years or 3 serves per day if aged 12-15 years). The NHMRC Dietary Guidelines for Children and Adolescents in Australia does not provide recommendations for children aged 2-3 years and so the recommendations for 4-11 year old children have been applied. The questions used to define the indicator were: How many cups of milk does child drink per day? How many serves of custard does child have per day? How many serves of yoghurt does child have per day? How many serves of cheese does child have per day? A serve of dairy foods is: 250ml of milk or custard; 200ml of yoghurt, or 40g of cheese.


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Type of milk usually consumed, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular milk</td>
<td>76.9</td>
<td>68.3</td>
</tr>
<tr>
<td>(whole or full cream)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low/reduced fat milk</td>
<td>16.8</td>
<td>23.9</td>
</tr>
<tr>
<td>Skim milk</td>
<td>4.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Evaporated or</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>sweetened milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Don't have milk</td>
<td>0.2</td>
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</tr>
<tr>
<td></td>
<td>0.3</td>
<td>0.0</td>
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<td></td>
<td>1.8</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td>0.2</td>
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</tr>
<tr>
<td></td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>1.8</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,664 respondents in NSW. For this indicator 2 (0.05%) were not stated (Don't know Refused) in NSW. The question used was: What type of milk does child usually have?


Usually consumes lower fat or skim milk by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile</td>
<td>16.3</td>
<td>19.6</td>
</tr>
<tr>
<td>most disadvantaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Quintile</td>
<td>19.8</td>
<td>23.8</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>17.6</td>
<td>32.0</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>23.5</td>
<td>28.7</td>
</tr>
<tr>
<td>1st Quintile</td>
<td>27.3</td>
<td>40.0</td>
</tr>
<tr>
<td>least disadvantaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>20.8</td>
<td>28.8</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,664 respondents in NSW. For this indicator 2 (0.05%) were not stated (Don't know Refused) in NSW. The indicator includes those children who usually consume low fat, reduced fat, or skim milk. The question used to define the indicator was: What type of milk does child usually have?

Usually consumes lower fat or skim milk by region and year, children 2-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,664), 2007-2008 (4,425). The indicator includes those children who usually consume low fat, reduced fat, or skim milk. The question used to define the indicator was: What type of milk does child usually have?


Usually consumes lower fat or skim milk by sex and year, children 2-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,664), 2007-2008 (4,425). The indicator includes those children who usually consume low fat, reduced fat, or skim milk. The question used to define the indicator was: What type of milk does child usually have?


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Food insecurity in the last 12 months by socioeconomic disadvantage, parents or carers of children 0-15 years, NSW, 2009-2010

Note: Estimates are based on 4,178 respondents in NSW. For this indicator 4 (0.10%) were not stated (Don’t know Refused) in NSW. The indicator includes children who had suffered some food insecurity in the last 12 months. The question used to define the indicator was: In the last 12 months, were there any times you ran out of food and couldn’t afford to buy more? n/a = prevalence estimates not presented due to unreliability.


Food insecurity in the last 12 months by region and year, parents or carers of children 0-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (4,178), 2007-2008 (5,123), 2005-2006 (4,574), 2003-2004 (7,668), 2001 (9,416). The indicator includes children who had suffered some food insecurity in the last 12 months. The question used to define the indicator was: In the last 12 months, were there any times you ran out of food and couldn’t afford to buy more?


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Family coping methods, families with children 0-15 years who ran out of food, NSW, 2009-2010

Note: Estimates are based on 239 respondents in NSW. For this indicator 11 (4.40%) were not stated (Don't know Refused) in NSW. The questions used were: In the last 12 months, were there any times you ran out of food and couldn't afford to buy more? If yes, asked: How do you cope with feeding your child when this happens? Respondents could mention more than 1 response. Percentages may total more than 100%.


Frequency of eating red meat a week, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,658 respondents in NSW. For this indicator 8 (0.22%) were not stated (Don't know Refused) in NSW. The question used was: How often does child eat red meat such as beef, lamb, liver, and kidney, but not pork or ham?


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Cups of water a day, children 2-15 years, NSW, 2009-2010

**Note:** Estimates are based on 3,547 respondents in NSW. For this indicator 119 (3.25%) were not stated (Don’t know/Refused) in NSW. The question used was: How many cups of water does child usually drink in a day? 1 cup = 250ml or a household tea cup.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

Cups of juice a day, children 2-15 years, NSW, 2009-2010

**Note:** Estimates are based on 3,641 respondents in NSW. For this indicator 25 (0.68%) were not stated (Don’t know/Refused) in NSW. The question used was: How many cups of fruit juice does child usually drink in a day? 1 cup = 250ml, a household tea cup or large popper.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Cups of soft drinks or cordials or sports drinks a week, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Per cent</th>
<th>None</th>
<th>One cup</th>
<th>Two cups</th>
<th>3 to 5 cups</th>
<th>6 to 10 cups</th>
<th>11 or more cups</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-8 years</td>
<td></td>
<td>57.9</td>
<td>8.8</td>
<td>5.2</td>
<td>5.9</td>
<td>12.9</td>
<td>9.4</td>
</tr>
<tr>
<td>9-15 years</td>
<td></td>
<td>35.1</td>
<td>10.0</td>
<td>10.2</td>
<td>9.9</td>
<td>17.5</td>
<td>17.3</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,643 respondents in NSW. For this indicator 23 (0.63%) were not stated (Don't know Refused) in NSW. The question used was: How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, does child usually drink in a day? 1 cup = 250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups.


Frequency of eating takeaway food a week, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Per cent</th>
<th>None</th>
<th>Less than weekly</th>
<th>Weekly</th>
<th>More than once per week but less daily</th>
<th>Daily or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-8 years</td>
<td></td>
<td>24.2</td>
<td>45.4</td>
<td>26.1</td>
<td>4.3</td>
<td>0.0</td>
</tr>
<tr>
<td>9-15 years</td>
<td></td>
<td>18.2</td>
<td>45.0</td>
<td>28.1</td>
<td>8.4</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,658 respondents in NSW. For this indicator 8 (0.22%) were not stated (Don't know Refused) in NSW. The question used was: How often does child have meals or snacks such as burgers, pizza, chicken or chips from places like McDonald’s, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local takeaway places?

Frequency of eating hot fried potato products a week, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Frequency</th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>15.8</td>
<td>14.0</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>32.1</td>
<td>29.3</td>
</tr>
<tr>
<td>Once a week</td>
<td>12.1</td>
<td>14.7</td>
</tr>
<tr>
<td>Twice a week</td>
<td>4.6</td>
<td>5.6</td>
</tr>
<tr>
<td>3 times a week</td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td>4 times a week</td>
<td>1.2</td>
<td>0.4</td>
</tr>
<tr>
<td>More than 5 times a week</td>
<td>0.7</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,657 respondents in NSW. For this indicator 9 (0.25%) were not stated (Don’t know Refused) in NSW. The question used was: How often does child eat hot chips, french fries, wedges or fried potatoes?


Frequency of eating potato crisps or salty snacks a week, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Frequency</th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>25.3</td>
<td>16.8</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>20.8</td>
<td>17.2</td>
</tr>
<tr>
<td>Once a week</td>
<td>18.1</td>
<td>20.6</td>
</tr>
<tr>
<td>Twice a week</td>
<td>12.5</td>
<td>11.7</td>
</tr>
<tr>
<td>3 times a week</td>
<td>8.0</td>
<td>9.7</td>
</tr>
<tr>
<td>4 times a week</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>5 times a week</td>
<td>1.7</td>
<td>3.1</td>
</tr>
<tr>
<td>More than 5 times a week</td>
<td>10.6</td>
<td>17.0</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,648 respondents in NSW. For this indicator 18 (0.49%) were not stated (Don’t know Refused) in NSW. The question used was: How often does child eat potato crisps or other salty snacks?

Frequency of eating processed meat products a week, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,653 respondents in NSW. For this indicator 13 (0.35%) were not stated (Don't know Refused) in NSW. The question used was: How often does child eat processed meat products such as sausages, frankfurts, devon, salami, meat pies, bacon or ham?


Frequency of eating confectionary including chocolate, confectionary bars, and lollies a week, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,639 respondents in NSW. For this indicator 27 (0.74%) were not stated (Don't know Refused) in NSW. The question used was: How often does child usually eat confectionary including chocolate, confectionary bars and lollies?

Frequency of eating sweet and savoury biscuits, cakes, donuts, or muesli bars a week, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,642 respondents in NSW. For this indicator 24 (0.65%) were not stated (Don't know Refused) in NSW. The question used was: How often does child usually eat sweet and savoury biscuits, cakes, donuts, or muesli bars?

Frequency of family eating together at table, parents or carers of children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 1,443 respondents in NSW. For this indicator 20 (1.37%) were not stated (Don't know Refused) in NSW. The question used was: How often does your family eat together at the table?
Frequency of eating in front of television, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly ever (0-1 times per week)</td>
<td>67.4</td>
<td>56.5</td>
</tr>
<tr>
<td>Less than daily (2-4 times per week)</td>
<td>14.8</td>
<td>21.3</td>
</tr>
<tr>
<td>Almost every day (5-6 times per week)</td>
<td>3.2</td>
<td>4.6</td>
</tr>
<tr>
<td>Every day</td>
<td>14.7</td>
<td>17.6</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,629 respondents in NSW. For this indicator 37 (1.01%) were not stated (Don’t know Refused) in NSW. The question used was: How often does child usually have dinner in front of the television?


Frequency of eating breakfast, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>94.8</td>
<td>86.3</td>
</tr>
<tr>
<td>Almost every day (5-6 times per week)</td>
<td>3.3</td>
<td>5.3</td>
</tr>
<tr>
<td>Less than daily (2-4 times per week)</td>
<td>1.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Hardly ever (0-1 times per week)</td>
<td>0.4</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,658 respondents in NSW. For this indicator 8 (0.22%) were not stated (Don’t know Refused) in NSW. The question used was: How often does child usually have something to eat for breakfast?

**Frequency of being offered water to drink with meals or snacks, children 2-15 years, NSW, 2009-2010**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Never/ Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-8 years</td>
<td>84.5%</td>
<td>6.5%</td>
<td>9.0%</td>
</tr>
<tr>
<td>9-15 years</td>
<td>70.1%</td>
<td>11.6%</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

**Note:** Estimates are based on 3,638 respondents in NSW. For this indicator 28 (0.76%) were not stated (Don't know Refused) in NSW. The question used was: How often do you offer child water to drink with meals or snacks?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

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**Frequency of being offered sweets as a reward for good behaviour, children 2-15 years, NSW, 2009-2010**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Never/ Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-8 years</td>
<td>47.6%</td>
<td>41.4%</td>
<td>11.0%</td>
</tr>
<tr>
<td>9-15 years</td>
<td>73.8%</td>
<td>22.3%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

**Note:** Estimates are based on 3,128 respondents in NSW. For this indicator 19 (0.60%) were not stated (Don't know Refused) in NSW. The question used was: How often do you offer sweets such as lollies, ice cream, cake or biscuits to child as a reward for good behaviour?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Ever heard about healthy school canteen strategy by socioeconomic disadvantage, parents or carers of children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,843 respondents in NSW. For this indicator 68 (2.34%) were not stated (Don’t know Refused) in NSW. This indicator includes parents or carers who have heard about NSW Healthy School Canteen Strategy (Fresh Tastes@School). The question used to define the indicator was: Have you heard of the NSW Healthy School Canteen Strategy (Fresh Tastes@School)?


Ever heard about healthy school canteen strategy by region and year, parents or carers of children 5-15 years, NSW, 2005-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,843), 2007-2008 (3,425), 2005-2006 (1,602). This indicator includes parents or carers who have heard about NSW Healthy School Canteen Strategy (Fresh Tastes@School). The question used to define the indicator was: Have you heard of the NSW Healthy School Canteen Strategy (Fresh Tastes@School)?

Physical activity

Introduction

Children and adolescents need at least 60 minutes (and up to several hours) of moderate to vigorous physical activity every day. Moderate activities include brisk walking, bike riding, skateboarding, and dancing. Vigorous activities include football, netball, soccer, running, swimming laps, or training for sport, and are those activities that make you 'huff and puff'.[1] In the NSW Child Health Survey, because parents and carers report on behalf of their child, questions are asked about child’s physical activity outside of school hours.

Sedentary behaviour in childhood is a predictor of body mass index in children and influences health in adulthood. For this reason, it is recommended that children and adolescents should not spend more than 2 hours a day using electronic media for entertainment (for example, computer games, television, or the internet).[2,3]

Research suggests that factors such as play opportunities in the home, and rules about play and television viewing, are likely to be important influences on the development of children’s physical activity behaviours. For this reason, it is important to monitor parents’ and carers’ knowledge of physical activity guidelines.[4]

Results

Graphs for these indicators show physical activity outside of school, use of electronic media for entertainment, parental knowledge and supervision, and usual transport to school, for children aged 5-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Physical activity outside of school:** 24.5 per cent of children did at least 60 minutes of physical activity outside of school hours each day (28.5 per cent male; 20.4 per cent female; 21.7 per cent metropolitan; 30.3 per cent rural-regional). There has been no significant change in the proportion of children who did at least 60 minutes of physical activity outside of school hours each day between 2005-2006 and 2009-2010. The most common activities were: swimming (50.5 per cent), soccer (33.3 per cent), jogging or athletics or running (28.1 per cent), cycling or bike riding (26.6 per cent), dancing or ballet (23.7 per cent), netball (13.6 per cent), cricket (11.7 per cent), rugby league (11.0 per cent), and basketball (10.2 per cent).

- **Use of electronic media for entertainment:** 45.3 per cent of children used electronic media for entertainment at home for more than 2 hours a day (49.8 per cent male; 40.6 per cent female; 44.7 per cent metropolitan; 46.4 per cent rural-regional). There has been a significant decrease in the proportion of children who used electronic media for entertainment at home for more than 2 hours a day between 2005-2006 and 2009-2010 (58.9 per cent to 45.3 per cent).

- **Parental knowledge and supervision:** 32.3 per cent of parents or carers did not know the recommended minimum minutes of physical activity a child should have each day and 30.7 per cent thought it was 60 or more minutes; 38.7 per cent of parents or carers did not know the recommended maximum hours a child should use electronic media for entertainment each day and 59.0 per cent thought it was 2 or less hours; 58.5 per cent of parents or carers usually limited the time child watches television or plays electronic games, 21.7 per cent sometimes, and 19.8 per cent never.

- **Usual transport to school:** car (46.1 per cent), bus (30.7 per cent), walk only (16.5 per cent), walk part of the way (0.1 per cent), train (3.7 per cent), bicycle (2.0 per cent), and taxi (0.3 per cent).

References

One or more hours of physical activity outside of school by socioeconomic disadvantage, children 5-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>5-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quintile (least disadvantaged)</td>
<td>34.4%</td>
<td>19.5%</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>30.7%</td>
<td>14.6%</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>38.0%</td>
<td>22.4%</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>39.5%</td>
<td>23.8%</td>
</tr>
<tr>
<td>5th Quintile (most disadvantaged)</td>
<td>33.5%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 2,750 respondents in NSW. For this indicator 123 (4.28%) were not stated (Don't know,Refused) in NSW. This indicator includes children who do 1 hour or more of physical activity outside of school hours everyday. The questions used to define the indicator were: On about how many days during the school week does child usually do physical activity outside of school hours? On those days, about how many hours does child usually do physical activity? On about how many weekend days does child usually do physical activity? On a typical weekend day, about how many hours does child usually do physical activity?


One or more hours of physical activity outside of school by region and year, children 5-15 years, NSW, 2005-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,750), 2007-2008 (3,342), 2005-2006 (2,943). This indicator includes children who do 1 hour or more of physical activity outside of school hours everyday. The questions used to define the indicator were: On about how many days during the school week does child usually do physical activity outside of school hours? On those days, about how many hours does child usually do physical activity? On about how many weekend days does child usually do physical activity? On a typical weekend day, about how many hours does child usually do physical activity?

One or more hours of physical activity outside of school by sex and year, children 5-15 years, NSW, 2005-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,750), 2007-2008 (3,342), 2005-2006 (2,943). This indicator includes children who do 1 hour or more of physical activity outside of school hours everyday. The questions used to define the indicator were: On about how many days during the school week does child usually do physical activity outside of school hours? On those days, about how many hours does child usually do physical activity? On about how many weekend days does child usually do physical activity? On a typical weekend day, about how many hours does child usually do physical activity?


Sports and outdoor activities in last 12 months, children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,889 respondents in NSW. For this indicator 22 (0.76%) were not stated (Don’t know Refused) in NSW. The question used was: In the last 12 months, what types of sports and outdoor activities did child play? Respondents could mention more than 1 response. Percentages may total more than 100%.

**Hours spent using electronic media for entertainment at home, children 5-15 years, NSW, 2009-2010**

<table>
<thead>
<tr>
<th>5-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than one hour</strong></td>
<td>29.8</td>
</tr>
<tr>
<td><strong>1 to 2 hours</strong></td>
<td>38.4</td>
</tr>
<tr>
<td><strong>2 to 3 hours</strong></td>
<td>16.4</td>
</tr>
<tr>
<td><strong>3 to 4 hours</strong></td>
<td>9.3</td>
</tr>
<tr>
<td><strong>4 to 5 hours</strong></td>
<td>2.5</td>
</tr>
<tr>
<td><strong>5 to 6 hours</strong></td>
<td>1.2</td>
</tr>
<tr>
<td><strong>6 or more hours</strong></td>
<td>2.3</td>
</tr>
</tbody>
</table>

**Per cent**

**Note:** Estimates are based on 2,725 respondents in NSW. For this indicator 185 (6.39%) were not stated (Don’t know Refused) in NSW. The questions used were: On about how many days [during the school week/on a typical weekend day] does child usually watch TV, video or DVDs at home? On those days, about how many hours does child usually spend watching TV, videos or DVDs? On about how many [days during the school week/weekend days] does child usually play video or computer games? On those days, about how many hours does child usually spend playing video or computer games? On a typical weekend day, about how many hours does child usually play video or computer games or work on the computer?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

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**Uses electronic media for entertainment at home for more than 2 hours a day by socioeconomic disadvantage, children 5-15 years, NSW, 2009-2010**

<table>
<thead>
<tr>
<th>5-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5th Quintile</strong></td>
<td>34.9</td>
</tr>
<tr>
<td><strong>4th Quintile</strong></td>
<td>32.7</td>
</tr>
<tr>
<td><strong>3rd Quintile</strong></td>
<td>32.8</td>
</tr>
<tr>
<td><strong>2nd Quintile</strong></td>
<td>26.7</td>
</tr>
<tr>
<td><strong>1st Quintile</strong></td>
<td>31.8</td>
</tr>
<tr>
<td><strong>NSW</strong></td>
<td>31.8</td>
</tr>
</tbody>
</table>

**Per cent**

**Note:** Estimates are based on 2,725 respondents in NSW. For this indicator 185 (6.39%) were not stated (Don’t know Refused) in NSW. This indicator includes children who spent an average of 2 hours or more each day using electronic media for entertainment at home. The questions used to define the indicator were: On about how many days [during the school week/on a typical weekend day] does child usually watch TV, video or DVDs at home? On those days, about how many hours does child usually spend watching TV, videos or DVDs? On about how many [days during the school week/weekend days] does child usually play video or computer games? On those days, about how many hours does child usually spend playing video or computer games or work on the computer? On a typical weekend day, about how many hours does child usually play video or computer games or work on the computer?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

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**WARNING:** Estimates out of date. Please check HealthStats NSW for latest estimates.
Uses electronic media for entertainment at home for more than 2 hours a day by region and year, children 5-15 years, NSW, 2005-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,725), 2007-2008 (3,288), 2005-2006 (2,704). This indicator includes children who spent an average of 2 hours or more each day using electronic media for entertainment at home. The questions used to define the indicator were: On about how many days [during the school week/on a typical weekend day] does child usually watch TV, videos or DVDs at home? On those days, about how many hours does child usually spend watching TV, videos or DVDs? On about how many days during the school week/weekend days does child usually play video or computer games? On those days, about how many hours does child usually spend playing video or computer games? On about how many weekend days does child usually play video or computer games or work on the computer? On a typical weekend day, about how many hours does child usually spend playing video or computer games or work on the computer?


Uses electronic media for entertainment at home for more than 2 hours a day by sex and year, children 5-15 years, NSW, 2005-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,725), 2007-2008 (3,288), 2005-2006 (2,704). This indicator includes children who spent an average of 2 hours or more each day using electronic media for entertainment at home. The questions used to define the indicator were: On about how many days [during the school week/on a typical weekend day] does child usually watch TV, videos or DVDs at home? On those days, about how many hours does child usually spend watching TV, videos or DVDs? On about how many days during the school week/weekend days does child usually play video or computer games? On those days, about how many hours does child usually spend playing video or computer games? On about how many weekend days does child usually play video or computer games or work on the computer? On a typical weekend day, about how many hours does child usually spend playing video or computer games or work on the computer?


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Knowledge of recommended minimum physical activity, parents or carers of children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,907 respondents in NSW. For this indicator 3 (0.10%) were not stated (Refused) in NSW. The question used was: How many minutes of physical activity is it recommended that children do each day?


Knowledge of recommended maximum hours spent using electronic media for entertainment, parents or carers of children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,909 respondents in NSW. For this indicator 2 (0.07%) were not stated (Refused) in NSW. The question used was: Up to how many hours of television, video, DVD or computer games is it recommended that children watch each day?

Limits time child spends watching television or playing electronic games, parents or carers of children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,898 respondents in NSW. For this indicator 13 (0.45%) were not stated (Don't know Refused) in NSW. The question used was: How often do you set limits on the amount of time child watches television or plays electronic games?


Usual transport to school, children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,900 respondents in NSW. For this indicator 11 (0.38%) were not stated (Don't know Refused) in NSW. The question used was: How does child usually get to school? Respondents could mention more than 1 response. Percentages may total more than 100%.

Smoking

Introduction

The adverse health effects of exposure to environmental tobacco smoke (passive smoking) are well documented in adults and children. Children are exposed to environmental tobacco smoke involuntarily and have limited options for avoiding exposure. They are particularly vulnerable to the effects of environmental tobacco smoke, having smaller and more delicate lungs, and are at increased risk of sudden infant death syndrome, lower respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.[1-2]

Results

Graphs for these indicators show environmental tobacco smoke in homes and cars for children aged 0-15 years by age group, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Environmental tobacco smoke in homes:** 95.5 per cent of parents or carers said their home was smoke-free (96.9 per cent 0-8 years; 94.0 per cent 9-15 years; 96.3 per cent metropolitan; 94.0 per cent rural-regional). There has been a significant increase in the proportion of parents or carers who said their home was smoke-free between 2001 and 2009-2010 (84.8 per cent to 95.5 per cent).

- **Environmental tobacco smoke in cars:** 96.9 per cent of parents or carers with cars said smoking was not allowed in their car (98.3 per cent 0-8 years; 95.4 per cent 9-15 years; 97.1 per cent metropolitan; 96.6 per cent rural-regional). There has been a significant increase in the proportion of parents or carers with cars who said smoking was not allowed in their car between 2003-2004 and 2009-2010 (90.7 per cent to 96.9 per cent).

References


Smoke-free households by socioeconomic disadvantage, parents or carers of children 0-15 years, NSW, 2009-2010

Note: Estimates are based on 4,180 respondents in NSW. For this indicator 2 (0.05%) were not stated (Don’t know Refused) in NSW. The indicator includes parents or carers who said their home was smoke-free. The question used to define the indicator was: Which of the following best describes your home situation: my home is smoke free, people occasionally smoke in the house, people frequently smoke in the house?


Smoke-free households by region and year, parents or carers of children 0-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (4,180), 2007-2008 (4,123), 2005-2006 (4,534), 2003-2004 (7,674), 2001 (9,415). The indicator includes parents or carers who said their home was smoke-free. The question used to define the indicator was: Which of the following best describes your home situation: my home is smoke free, people occasionally smoke in the house, people frequently smoke in the house?

Bans smoking in car by socioeconomic disadvantage, parents or carers of children 0-15 years with a car, NSW, 2009-2010

![Bar chart showing the percentage of parents or carers who allow smoking in their car by socioeconomic quintile and age group.](chart1)

**Note:** Estimates are based on 4,132 respondents in NSW. For this indicator 5 (0.12%) were not stated (Don't know Refused) in NSW. The indicator includes those parents or carers who said their car was smoke-free. The question used to define the indicator was: Are people allowed to smoke in your car?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

Bans smoking in car by region and year, parents or carers of children 0-15 years with a car, NSW, 2003-2010

![Line chart showing the percentage of parents or carers who allow smoking in their car by region and year.](chart2)

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (4,132), 2007-2008 (2,967), 2005-2006 (4,451), 2003-2004 (4,729). The indicator includes those parents or carers who said their car was smoke-free. The question used to define the indicator was: Are people allowed to smoke in your car?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Sun protection

Introduction

Sunlight contains ultraviolet radiation, and while some sun exposure is beneficial to health, for example, by helping the body to produce vitamin D, which is essential for healthy bones, excessive sun exposure can lead to several forms of skin cancer, eye disease, and premature ageing.[1-5] Most people can prevent skin cancer by avoiding over exposure to the sun and other sources of ultraviolet light such as sunlamps and solaria. Precautions are especially important for children and teenagers, who spend more time outdoors than adults. In addition, evidence suggests sun exposure in childhood and adolescence contributes more to lifetime risk of skin cancer than a similar level of sun exposure in later life.[5]

To reduce over exposure to ultraviolet radiation, precautions are required. The best advice is to look for or provide some form of shade, as it is an effective form of sun protection, and to always wear suitable clothing, hat, sunglasses and apply sunscreen to exposed skin when outdoors especially during summer.[2]

Results

Graphs for these indicators show sun protection behaviours last summer, frequency of sunburn last summer, and easy to find shade when outdoors in local area, for children aged 0-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Sun protection behaviours last summer**: when out in the sun last summer, 37.4 per cent of children always or often sought shade, 55.9 per cent always or often wore a hat or cap, 12.1 per cent always or often wore sunglasses, 69.8 per cent always or often wore a broad-spectrum sunscreen with an SPF of 15 or more, and 54.8 per cent always or often wore protective clothing. Twelve per cent of children were never in the sun last summer.

- **Frequency of sunburn last summer**: 64.2 per cent of children did not get sunburnt last summer (79.0 per cent 0-8 years; 49.1 per cent 9-15 years; 65.8 per cent male; 62.4 per cent female; 68.1 per cent metropolitan; 55.8 per cent rural-regional). There has been a significant increase in the proportion of children who did not get sunburnt last summer between 2003-2004 and 2009-2010 (57.2 per cent to 64.2 per cent).

- **Easy to find shade when outdoors in local area**: among those parents or carers who went out in their local area, 52.8 per cent found it easy to find shade in sporting areas, 68.7 per cent found it easy to find shade in public pools, and 74.5 per cent found it easy to find shade in public parks.

References

### Always or often took sun protection behaviours last summer, children 0-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Never in the Sun</th>
<th>Always or often sought shade</th>
<th>Always or often wore a hat or cap</th>
<th>Always or often wore sunglasses</th>
<th>Always or often wore sunscreen</th>
<th>Always or often wore protective clothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8 years</td>
<td>17.6</td>
<td>40.4</td>
<td>67.0</td>
<td>10.4</td>
<td>70.1</td>
<td>58.6</td>
</tr>
<tr>
<td>9-15 years</td>
<td>5.5</td>
<td>33.9</td>
<td>42.9</td>
<td>14.1</td>
<td>69.5</td>
<td>50.4</td>
</tr>
</tbody>
</table>

**Note:** Estimates are based on 2,158 respondents in NSW. For this indicator 23 (1.05%) were not stated (Don’t know Refused) in NSW. The questions used were: Last summer, when child was out in the sun for more than 15 minutes, how often did child: always or often seek shade, always or often wear a broad brimmed hat or cap with a back flap, always or often wear sunglasses. Still thinking about last summer, how often did child always or often apply a broad-spectrum sunscreen with an SPF of 15 or more to exposed skin, always or often deliberately dressed in clothing to protect child from the sun? Respondents could mention more than 1 response. Percentages may total more than 100%.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

### Frequency of sunburn last summer, children 0-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Not at all</th>
<th>Once</th>
<th>Twice</th>
<th>3 or 4 times</th>
<th>5 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8 years</td>
<td>79.0</td>
<td>15.7</td>
<td>4.5</td>
<td>0.6</td>
<td>0.2</td>
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<tr>
<td>9-15 years</td>
<td>49.1</td>
<td>26.1</td>
<td>15.6</td>
<td>8.1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**Note:** Estimates are based on 1,909 respondents in NSW. For this indicator 27 (1.39%) were not stated (Don’t know Refused) in NSW. The question used was: Still thinking about last summer, how often did child get sunburnt, so his or her skin was still sore or tender the next day: not at all, once, twice, 3 or 4 times, 5 or more times?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Did not get sunburnt last summer by socioeconomic disadvantage, children 0-15 years, NSW, 2009-2010

**Note:** Estimates are based on 1,909 respondents in NSW. For this indicator 27 (1.39%) were not stated (Don’t know Refused) in NSW. The indicator includes children who did not get sunburnt during the previous summer. The question used was: Still thinking about last summer, how often did child get sunburnt, so his or her skin was still sore or tender the next day: not at all, once, twice, 3 or 4 times, 5 or more times?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

Did not get sunburnt last summer by socioeconomic disadvantage, children 0-15 years, NSW, 2003-2010

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,909), 2003-2004 (1,855). The indicator includes children who did not get sunburnt during the previous summer. The question used was: Still thinking about last summer, how often did child get sunburnt, so his or her skin was still sore or tender the next day: not at all, once, twice, 3 or 4 times, 5 or more times?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
**Did not get sunburnt last summer by sex and year, children 0-15 years, NSW, 2003-2010**

![Graph showing percentage of children 0-8 years and 9-15 years who did not get sunburnt by sex and year, with data points for 2003-04 and 2009-10.]

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,909), 2003-2004 (1,855). The indicator includes children who did not get sunburnt during the previous summer. The question used was: Still thinking about last summer, how often did child get sunburnt, so his or her skin was still sore or tender the next day: not at all, once, twice, 3 or 4 times, 5 or more times?

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

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**Easy to find shade when outdoors, parents or carers of children 0-15 years, NSW, 2009-2010**

![Bar charts showing percentage of respondents who found it easy to find shade in sporting areas, public pool, and public park for 0-8 years and 9-15 years.]

**Note:** Estimates for NSW are based on 1,895 respondents who answered the question: Easy to find shade in sporting areas; 1,537 respondents who answered the question: Easy to find shade at public pool; 2,051 respondents who answered the question: Easy to find shade at public park. The questions used were: In your local area, when you are outside do you find it easy to find shade in sporting areas, at the outdoor public swimming pool, at the public park? Respondents could mention more than 1 response. Percentages may total more than 100%.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Health status

Although New South Wales children are generally healthy, physical and emotional problems can affect their ability to enjoy life and participate in everyday activities. It is important to monitor their health status, to detect emerging patterns of illness, and to inform policy for and planning of health services. This section of the 2009-2010 Summary Report from the NSW Child Health Survey includes the following indicators for health status:

- Health-related quality of life
- Asthma
- Diabetes or high blood glucose
- Hearing and vision
- Mental health
- Oral health
- Population weight status
Health-related quality of life

Introduction

The concept of health-related quality of life (HRQL) refers to a person’s or a group’s perceived physical and mental health over time. Clinicians use HRQL to better understand how an illness interferes with a patient’s day-to-day life. Public health professionals use HRQL to measure population health needs, and the effect of public health interventions in different populations.[1]

Self-rated health is the single most reliable and valid HRQL measure. A large number of cross-sectional and longitudinal studies have demonstrated how a person’s appraisal of his or her general health is a powerful predictor of future morbidity and mortality, even after controlling for a variety of factors such as age, sex, and socioeconomic status, health behaviours, and health status. In this report, the health of a child is rated by their parent or carer.[2-6]

Results

Graphs for these indicators show parent-reported health status for children aged 5-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- Parent-reported health status: 91.3 per cent of parents or carers rated their child’s health as excellent, very good, or good (90.6 per cent 5-8 years; 91.6 per cent 9-15 years; 90.7 per cent male; 91.8 per cent female; 91.6 per cent metropolitan; 90.5 per cent rural-regional). There has been no significant change in the proportion of parents or carers who rated their child’s health as excellent, very good, or good between 2001 and 2009-2010.

References

Parent-reported health status, children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,909 respondents in NSW. For this indicator 2 (0.07%) were not stated (Don’t know Refused) in NSW. The questions used were: Overall, how would you rate child’s health during the last 4 weeks: excellent, very good, good, fair, poor, or very poor?


Excellent, very good, or good parent-reported health status by socioeconomic disadvantage, children 5-15 years, NSW, 2009-2010

Note: Estimates are based on 2,909 respondents in NSW. For this indicator 2 (0.07%) were not stated (Don’t know Refused) in NSW. The indicator includes children who had excellent, very good or good health status. The question used to define the indicator was: Overall, how would you rate child’s health during the last 4 weeks: excellent, very good, good, fair, poor, or very poor?

Excellent, very good, or good parent-reported health status by region and year, children 5-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,909), 2007-2008 (3,501), 2005-2006 (3,128), 2003-2004 (5,282), 2001 (5,879). The indicator includes children who had excellent, very good or good health status. The question used to define the indicator was: Overall, how would you rate child’s health during the last 4 weeks: excellent, very good, good, fair, poor, or very poor?


Excellent, very good, or good parent-reported health status by sex and year, children 5-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,909), 2007-2008 (3,501), 2005-2006 (3,128), 2003-2004 (5,282), 2001 (5,879). The indicator includes children who had excellent, very good or good health status. The question used to define the indicator was: Overall, how would you rate child’s health during the last 4 weeks: excellent, very good, good, fair, poor, or very poor?

Asthma

Introduction

Asthma is a chronic inflammatory disorder of the airways in which, in response to a wide range of triggers, the airways narrow too much and too easily, resulting in episodes of wheeze, chest tightness, and shortness of breath. The effects of asthma can include disturbed sleep, tiredness, increased school absences, and reduced participation in organised sport or other activities. Asthma remains a significant health problem in Australia, with prevalence rates high by international standards. This is particularly true among children, where asthma is one of the most commonly reported long-term medical conditions.[1-2]

Asthma is not curable but can be managed effectively. Current recommended management strategies include avoidance of known triggers, appropriate use of medications, use of a structured or written asthma action plan, and regular review by a general practitioner.[3] The use of a written asthma action plan has been found to decrease urgent visits to doctors, hospitalisations, and deaths due to asthma.[4,5] Research has also shown most patients with a written asthma action plan found it useful for managing their asthma.[6]

Results

Graphs for these indicators show ever had asthma, current asthma, and written asthma action plan, for children aged 2-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Ever had asthma:** 22.4 per cent of children ever had asthma (19.5 per cent 2-8 years; 25.0 per cent 9-15 years; 25.9 per cent male; 18.7 per cent female; 20.9 per cent metropolitan; 25.6 per cent rural-regional). There has been a significant decrease in the proportion of children who ever had asthma between 2001 and 2009-2010 (27.2 per cent to 22.4 per cent).

- **Current asthma:** 13.4 per cent of children currently have asthma (13.9 per cent 2-8 years; 12.9 per cent 9-15 years; 15.1 per cent male; 11.5 per cent female; 12.5 per cent metropolitan; 15.1 per cent rural-regional). There has been a significant decrease in the proportion of children who currently have asthma between 2001 and 2009-2010 (15.7 per cent to 13.4 per cent).

- **Written asthma action plan:** 51.9 per cent of children with current asthma had a written asthma action plan (56.3 per cent 2-8 years; 47.4 per cent 9-15 years; 54.6 per cent male; 48.3 per cent female; 52.1 per cent metropolitan; 51.5 per cent rural-regional). There has been no significant change in the proportion of children with current asthma who had a written asthma action plan between 2003-2004 and 2009-2010.

References

Ever diagnosed with asthma by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,649 respondents in NSW. For this indicator 17 (0.46%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who have ever been told by a doctor or hospital that they have asthma. The question used to define the indicator was: Has child ever been told by a doctor or hospital he or she has asthma?


Ever diagnosed with asthma by region and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,649), 2007-2008 (4,410), 2005-2006 (3,938), 2003-2004 (6,701), 2001 (7,899). The indicator includes those children who have ever been told by a doctor or hospital that they have asthma. The question used to define the indicator was: Has child ever been told by a doctor or hospital he or she has asthma?

Ever diagnosed with asthma by sex and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,649), 2007-2008 (4,410), 2005-2006 (3,938), 2003-2004 (6,701), 2001 (7,899). The indicator includes those children who have ever been told by a doctor or hospital that they have asthma. The question used to define the indicator was: Has child ever been told by a doctor or hospital he or she has asthma?


Current asthma by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

Note: Estimates are based on 3,640 respondents in NSW. For this indicator 26 (0.71%) were not stated (Don't know Refused) in NSW. The indicator includes those children with symptoms of asthma or who had treatment for asthma in the last 12 months. The questions used to define the indicator were: Has child ever been told by a doctor or hospital he or she has asthma? Has child had symptoms of asthma or treatment for asthma in the last 12 months?

Current asthma by region and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,640), 2007-2008 (4,456), 2005-2006 (3,937), 2003-2004 (6,696), 2001 (7,898). The indicator includes those children with symptoms of asthma or who had treatment for asthma in the last 12 months. The questions used to define the indicator were: Has child ever been told by a doctor or hospital he or she has asthma? Has child had symptoms of asthma or treatment for asthma in the last 12 months?


Current asthma by sex and year, children 2-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,640), 2007-2008 (4,456), 2005-2006 (3,937), 2003-2004 (6,696), 2001 (7,898). The indicator includes those children with symptoms of asthma or who had treatment for asthma in the last 12 months. The questions used to define the indicator were: Has child ever been told by a doctor or hospital he or she has asthma? Has child had symptoms of asthma or treatment for asthma in the last 12 months?

Written asthma management or action plan by socioeconomic disadvantage, children 2-15 years with current asthma, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quintile</td>
<td>56.3</td>
<td>56.3</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>65.7</td>
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<tr>
<td>3rd Quintile</td>
<td>52.3</td>
<td>45.0</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>57.0</td>
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</tr>
<tr>
<td>5th Quintile</td>
<td>54.6</td>
<td>42.4</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 471 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know Refused) in NSW. The indicator includes those children who have current asthma and who have a written asthma action or management plan. The questions used to define the indicator were: Has child ever been told by a doctor that he or she has asthma? Has child had symptoms of asthma or taken treatment for asthma in the last 12 months? (Before 2007) Does child have a written asthma management plan from his or her doctor on how to treat their asthma? (Since 2007) Does child have a written asthma action plan from his or her doctor on how to treat their asthma?


Written asthma management or action plan by region and year, children 2-15 years with current asthma, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (471), 2007-2008 (622), 2005-2006 (536), 2003-2004 (201). The indicator includes those children who have current asthma and who have a written asthma action or management plan. The questions used to define the indicator were: Has child ever been told by a doctor that he or she has asthma? Has child had symptoms of asthma or taken treatment for asthma in the last 12 months? (Before 2007) Does child have a written asthma management plan from his or her doctor on how to treat their asthma? (Since 2007) Does child have a written asthma action plan from his or her doctor on how to treat their asthma?


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Written asthma management or action plan by sex and year, children 2-15 years with current asthma, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (471), 2007-2008 (622), 2005-2006 (536), 2003-2004 (201). The indicator includes those children who have current asthma and who have a written asthma action or management plan. The questions used to define the indicator were: Has child ever been told by a doctor that he or she has asthma? Has child had symptoms of asthma or taken treatment for asthma in the last 12 months? (Before 2007) Does child have a written asthma management plan from his or her doctor on how to treat their asthma? (Since 2007) Does child have a written asthma action plan from his or her doctor on how to treat their asthma?


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Diabetes or high blood glucose

Introduction

Diabetes is a chronic disease characterised by high blood glucose levels, resulting from the body either not producing insulin or not using insulin properly. Insulin is a hormone needed for glucose to enter the cells and be converted to energy. Diabetes affects a person’s health in 2 ways: by direct metabolic complications, which can be immediately life threatening if not treated promptly; by long term complications involving the eyes, kidneys, nerves, and major blood vessels including those in the heart.[1]

There are 3 main forms of diabetes: type 1, or insulin dependent diabetes mellitus, which occurs when the pancreas no longer produces insulin; type 2, or non insulin dependent diabetes mellitus, which occurs when the pancreas is not producing enough insulin and the insulin it produces is not working effectively; and gestational diabetes, which occurs in pregnancy and should disappear after the birth. The management of type 2, which is the most common form of diabetes, depends on careful control of glucose levels, blood lipid levels (especially cholesterol levels), blood pressure, and regular screening for complications.[1]

Type 2 diabetes was previously seen only in middle age or older adults. However, with the rise of overweight and obesity in children, it is now being increasingly diagnosed in young people, particularly Indigenous youth and children with non-European backgrounds. With more young people developing type 2 diabetes, complications are likely to occur at a younger age; therefore, proper treatment is essential to preventing long-term health problems.[2]

As family history and genetics play a role in type 2 diabetes, it is important to monitor the immediate family or relatives with the disease.[3]

Results

Graphs for these indicators show ever diagnosed with diabetes or high blood glucose and immediate family or relatives with diabetes for children aged 9-15 years. Results for these indicators include:

- **Ever diagnosed with diabetes or high blood glucose**: 0.9 per cent of parents or carers of children had ever been told by a doctor or hospital that their child had diabetes or high blood glucose.

- **Immediate family or relatives with diabetes**: 56.4 per cent of children had no immediate family or relative diagnosed with diabetes; 37.9 per cent had a grandparent, aunt, uncle, or first cousin diagnosed with diabetes; and 8.7 per cent had a parent, brother, or sister diagnosed with diabetes.

References


Immediate family or relatives with diabetes, children 9-15 years, NSW, 2009-2010

Note: Estimates are based on 1,928 respondents in NSW. For this indicator 18 (0.92%) were not stated (Don’t know Refused) in NSW. The question used was: Have any of the members of child’s immediate family or other relatives been diagnosed with diabetes (type 1 or type 2)? Respondents could mention more than 1 response. Percentages may total more than 100%.


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Hearing and vision

Introduction

Early detection of, and treatment for, hearing loss is important for speech and language development and may minimise the need for ongoing special education. Studies demonstrate that identification of hearing loss at early age, and enrollment in early intervention within the first 12 months of age, may help to obtain good results in the development of language skills. In New South Wales, the Statewide Infant Screening for Hearing (SWISH) Program was introduced in 2002. The program aims to identify infants born with significant hearing loss and introduce them to appropriate services as soon as possible after birth.[1-2]

Since 1988, NSW Health has presented a Child Personal Health Record (Blue Book) to newborns, which recommends the following: ‘eyes’ should be checked at the newborn examination; vision surveillance should be conducted at the 1-4 week check, 6-8 week check, 6 month check, 12 month check, 18 month check, 2 year check, and 3 year check; and vision screening should be tested monocularly at the 4 year check. The Statewide Eyesight Preschooler Screening (STEPS) Program offers all 4-year old children free vision screening, to ensure the early identification of childhood vision problems, during the critical visual development period, so that treatment outcomes can be optimised, and to avoid preventable vision impairment or blindness later in life.[3-4]

Results

Graphs for these indicators show time since last hearing test, time since last eyesight test, and normal vision in both eyes, for children aged 0-15 years age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Time since last hearing test**: 21.5 per cent of children had their hearing tested less than 1 year ago, 18.1 per cent had their hearing tested 1 year ago to less than 2 years ago, 21.0 per cent had their hearing tested 2 years ago to less than 5 years ago, 25.0 per cent had their hearing tested 5 or more years ago, and 14.3 per cent have never had their hearing tested.
- **Time since last eyesight test**: 35.3 per cent of children had their eyesight tested less than 1 year ago, 17.1 per cent had their eyesight tested 1 year ago to less than 2 years ago, 13.8 per cent had their eyesight tested 2 years ago to less than 5 years ago, 9.0 per cent had their eyesight tested 5 or more years ago, and 24.8 per cent have never had their eyesight tested.
- **Normal vision in both eyes**: 95.6 per cent of children had normal vision in both eyes (96.3 per cent 0-8 years; 94.7 per cent 9-15 years; 95.1 per cent male; 96.1 per cent female; 95.2 per cent metropolitan; 96.3 per cent rural-regional). There has been no significant change in the proportion of children aged 0-15 year who had normal vision in both eyes between 2007-2008 and 2009-2010.

References

Time since last hearing test, children 0-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Time Since Last Hearing</th>
<th>0-8 Years</th>
<th>9-15 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per cent</td>
<td>Less than 1 year ago</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 year ago to less than 2 years ago</td>
<td>10.2</td>
</tr>
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<td>2 years ago to less than 5 years ago</td>
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<td>5 or more years ago</td>
<td>44.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never had hearing checked</td>
<td>18.4</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 2,053 respondents in NSW. For this indicator 139 (6.34%) were not stated (Don't know Refused) in NSW. The question used was: When did you last have child's hearing checked?


Time since last eyesight test, children 0-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Time Since Last Eyesight</th>
<th>0-8 Years</th>
<th>9-15 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per cent</td>
<td>Less than 1 year ago</td>
<td>33.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 year ago to less than 2 years ago</td>
<td>16.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 years ago to less than 5 years ago</td>
<td>16.8</td>
</tr>
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<td></td>
<td>5 or more years ago</td>
<td>16.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never had eyesight checked</td>
<td>16.9</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 2,088 respondents in NSW. For this indicator 104 (4.74%) were not stated (Don't know Refused) in NSW. The question used was: When did you last have child's eyesight checked?

Normal vision in both eyes by socioeconomic disadvantage, children 0-15 years, NSW, 2009-2010

Note: Estimates are based on 2,178 respondents in NSW. For this indicator, 14 (0.64%) were not stated (Don’t know/Refused) in NSW. The indicator includes those children who have normal vision in both eyes. The question used to define the indicator was: As far as you know, does child have normal vision in both eyes?


Normal vision in both eyes by region and year, children 0-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,178), 2007-2008 (2,942). The indicator includes those children who have normal vision in both eyes. The question used to define the indicator was: As far as you know, does child have normal vision in both eyes?

Normal vision in both eyes by sex and year, children 0-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,178), 2007-2008 (2,942). The indicator includes those children who have normal vision in both eyes. The question used to define the indicator was: As far as you know, does child have normal vision in both eyes?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Mental health

Introduction

Childhood behavioural problems add stress to any family and are a common challenge parents and carers face. The majority fall within the normal range and are appropriately dealt with by parents and carers, primary health, community health, and child health professionals. By understanding the nature of these problems, and by getting appropriate support, parents and carers can better deal with them. The Strengths and Difficulties Questionnaire (SDQ), created by Professor Robert Goodman in the United Kingdom, was identified as an appropriate parent-rated tool following adaptation for use in telephone surveys in consultation with Professor Goodman.[1]

The SDQ is a brief screening questionnaire for children aged 4-17 years, with different versions for children aged 4-10 years and 11-17 years. Both versions ask parents about 25 attributes divided into 5 subscales: emotional symptoms, conduct problems, hyperactivity or inattention, peer relationship problems, and prosocial behaviour. Each subscale scores between 0 and 10. The at risk score for each subscale is: 5-10 for emotional symptoms, 4-10 for conduct problems, 7-10 for hyperactivity or inattention, 4-10 for peer relationship problems, and 0-4 for prosocial behaviour. The emotional symptoms, conduct problems, hyperactivity or inattention, and peer relationship problems scores are combined to calculate a total difficulties score between 0 and 40. A child with a total difficulties score of 17 or above is at risk of developing a clinically significant behavioural problem.[1]

Studies have demonstrated the SDQ to be a valid questionnaire, well suited for screening purposes, longitudinal monitoring, structured interview diagnoses, and scientific research.[2-4]

The parent-reported versions of the SDQ adapted for use in the New South Wales Child Health Survey are the same as those mandated for national use in Australia’s specialised mental health services. Data from these services is provided to the Australian Mental Health Outcomes and Classification Network, as part of the National Outcomes and Casemix Collection.[5]

Results

Graphs for these indicators show strengths and difficulties subscales and at risk of developing a clinically significant behavioural problem for children aged 4-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Strengths and difficulties subscales**: 11.1 per cent of children were at risk of emotional symptoms, 9.1 per cent were at risk of conduct problems, 10.8 per cent were at risk of hyperactivity or inattention, 8.4 per cent were at risk of peer relationship problems, and 1.8 per cent were at risk of prosocial behaviour.

- **At risk of developing a clinically significant behavioural problem**: 7.3 per cent of children were at risk of developing a clinically significant behavioural problem: that is, had a total difficulties score of 17 or above (9.3 per cent male; 5.3 per cent female; 6.7 per cent metropolitan; 8.7 per cent rural-regional). There has been no significant change in the proportion of children aged 4-15 years who were at substantial risk of developing a clinically significant behavioural problem between 2003-2004 and 2009-2010; however, there has been a significant decrease in children aged 4-15 years in metropolitan health districts (9.0 per cent to 6.7 per cent).

References

At risk scores for strengths and difficulties subscales, children 4-15 years, NSW, 2009-2010

Note: Estimates are based on 3,139 respondents in NSW. For this indicator 10 (0.32%) were not stated (Don’t know Refused) in NSW. The 25 item Strengths and Difficulties Questionnaire (SDQ) comprises 5 scales of 5 items. Each subscale scores between 0 and 10. The at risk score for each subscale is 5-10 for emotional symptoms, 4-10 for conduct problems, 7-10 for hyperactivity or inattention, 4-10 for peer relationship problems, and 0-4 for prosocial behaviour. Respondents could mention more than 1 response. Percentages may total more than 100%.

Substantial risk of developing a clinically significant behavioural problem by socioeconomic disadvantage, children 4-15 years, NSW, 2009-2010

Note: Estimates are based on 3,139 respondents in NSW. For this indicator 10 (0.32%) were not stated (Don’t know Refused) in NSW. The indicator includes children considered to be at substantial risk of developing a clinically significant behavioural problem using the adapted Goodman Strengths and Difficulties Questionnaire. A total difficulties score between 0 and 40 is calculated. A child with a total difficulties score of 17 or above is considered to be at substantial risk of developing a clinically significant behavioural problem.
Substantial risk of developing a clinically significant behavioural problem by region and year, children 4-15 years, NSW, 2003-2010

![Graph showing per cent by year and region for NSW, Metro, and Rural areas.]

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,139), 2007-2008 (3,743), 2005-2006 (3,084), 2003-2004 (3,349). The indicator includes children considered to be at substantial risk of developing a clinically significant behavioural problem using the adapted Goodman Strengths and Difficulties Questionnaire. A total difficulties score between 0 and 40 is calculated. A child with a total difficulties score of 17 or above is considered to be at substantial risk of developing a clinically significant behavioural problem.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

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Substantial risk of developing a clinically significant behavioural problem by sex and year, children 4-15 years, NSW, 2003-2010

![Graph showing per cent by year and sex for Males and Females.]

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,139), 2007-2008 (3,743), 2005-2006 (3,084), 2003-2004 (3,349). The indicator includes children considered to be at substantial risk of developing a clinically significant behavioural problem using the adapted Goodman Strengths and Difficulties Questionnaire. A total difficulties score between 0 and 40 is calculated. A child with a total difficulties score of 17 or above is considered to be at substantial risk of developing a clinically significant behavioural problem.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Oral health

Introduction

Australians enjoy a high standard of oral health. However, there are inequalities. According to the New South Wales Child Dental Health Survey 2007, children who live in rural and remote areas, dependents of Centrelink concession cardholders, from low socioeconomic backgrounds, whose mother was born in a non English speaking country, and are Aboriginal, have a higher burden of dental disease.[1]

While there have been improvements in oral health, particularly among the ‘fluoride generation’, there is a population divide between those who have regular visits to a dental professional and those who do not. The latter group is worse off on almost all measures of oral health.[2-3]

Teenage children differ from pre-teen children in dental development. Whereas teenage children aged 12 or older have only permanent (adult) teeth, pre-teen children between 5 and 11 years of age mostly have a mixture of deciduous (baby) teeth and permanent teeth. There may be differences in service provision between pre-teen children, many of whom are covered by school dental services at primary school, and teenagers, most of whom are not covered by, or have considerably reduced coverage by, school dental services in high school.[4]

Many Australians cite cost as a reason for not receiving recommended or wanted dental treatment.[5] Health insurance that covers dental expenses is an enabling factor in visiting a dentist.[1]

Results

Graphs for these indicators show time since last dental visit, visited a dental professional in the last 12 months, and private health insurance for dental expenses, for children aged 5-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Time since last dental visit:** 7.3 per cent of children have never visited a dental professional, 0.4 per cent visited a dental professional 10 or more years ago, 0.8 per cent 5-10 years ago, 6.0 per cent 2 to less than 5 years ago, 12.7 per cent 1 to less than 2 years ago, and 72.8 per cent less than 12 months ago.

- **Visited a dental professional in the last 12 months:** 72.8 per cent of children visited a dental professional in the last 12 months (64.6 per cent 5-8 years; 77.0 per cent 9-15 years; 70.7 per cent male; 75.1 per cent female; 72.9 per cent metropolitan; 72.7 per cent rural-regional). There has been no significant change in the proportion of children aged 5-15 years who visited a dental professional in the last 12 months between 2003-2004 and 2009-2010. Reasons for not visiting a dental professional in the last 12 months were: do not need to (60.6 per cent), too expensive (17.5 per cent), hard to find time (16.2 per cent), cannot find a suitable dentist (9.4 per cent), long waiting lists (6.7 per cent), worried or afraid of going (3.0 per cent), and too far to go (0.9 per cent).

- **Private health insurance for dental expenses:** 49.8 per cent of children had private health insurance for dental expenses (47.9 per cent 5-8 years; 50.8 per cent 9-15 years).

References

Time since last dental visit, children 5-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Time since last visit</th>
<th>5-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 12 months ago</td>
<td>64.6%</td>
<td>77.0%</td>
</tr>
<tr>
<td>1 year to less than 2 years ago</td>
<td>14.3%</td>
<td>11.9%</td>
</tr>
<tr>
<td>2 to less than 5 years ago</td>
<td>4.8%</td>
<td>6.6%</td>
</tr>
<tr>
<td>5 to less than 10 years ago</td>
<td>0.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>10 years ago or more</td>
<td>16.2%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 2,277 respondents in NSW. For this indicator 29 (1.26%) were not stated (Don’t know Refused) in NSW. The question used was: When did child last visit a dental professional about his or her teeth, dentures, or gums? A dental professional includes dentist, dental specialist, dental hygienist, dental technician, dental mechanic, denturist, orthodontist or dental therapist.


Visited a dental professional in the last 12 months by socioeconomic disadvantage, children 5-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>5-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile most disadvantaged</td>
<td>51.7%</td>
<td>69.4%</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>57.7%</td>
<td>74.0%</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>60.5%</td>
<td>77.5%</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>72.2%</td>
<td>76.4%</td>
</tr>
<tr>
<td>1st Quintile least disadvantaged</td>
<td>77.4%</td>
<td>86.1%</td>
</tr>
<tr>
<td>NSW</td>
<td>64.6%</td>
<td>77.0%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 2,277 respondents in NSW. For this indicator 29 (1.26%) were not stated (Don’t know Refused) in NSW. The indicator includes children who had visited a dental professional in the last 12 months. The question used to define the indicator was: When did child last visit a dental professional about his or her teeth, dentures, or gums? A dental professional includes dentist, dental specialist, dental hygienist, dental technician, dental mechanic, denturist, orthodontist or dental therapist.

Visited a dental professional in the last 12 months by region and year, children 5-15 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,277), 2007-2008 (3,452), 2005-2006 (1,480), 2003-2004 (5,147). The indicator includes children who had visited a dental professional in the last 12 months. The question used to define the indicator was: When did child last visit a dental professional about his or her teeth, dentures, or gums? A dental professional includes dentist, dental specialist, dental hygienist, dental technician, dental mechanic, denturist, orthodontist or dental therapist.


Visited a dental professional in the last 12 months by sex and year, children 5-15 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (2,277), 2007-2008 (3,452), 2005-2006 (1,480), 2003-2004 (5,147). The indicator includes children who had visited a dental professional in the last 12 months. The question used to define the indicator was: When did child last visit a dental professional about his or her teeth, dentures, or gums? A dental professional includes dentist, dental specialist, dental hygienist, dental technician, dental mechanic, denturist, orthodontist or dental therapist.

Reason for not visiting a dental professional, children 5-15 years who did not visit a dentist in the last 12 months, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Reason</th>
<th>5-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worried or afraid of going</td>
<td>66.6</td>
<td>4.9</td>
</tr>
<tr>
<td>Do not need to</td>
<td>14.7</td>
<td>56.1</td>
</tr>
<tr>
<td>Hard to find time</td>
<td>10.2</td>
<td>17.3</td>
</tr>
<tr>
<td>Cannot find a suitable dentist</td>
<td>13.7</td>
<td>8.8</td>
</tr>
<tr>
<td>Too expensive</td>
<td>0.5</td>
<td>20.5</td>
</tr>
<tr>
<td>Too far to go</td>
<td>1.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Long waiting lists</td>
<td>1.8</td>
<td>7.3</td>
</tr>
<tr>
<td>Other</td>
<td>6.0</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 615 respondents in NSW. For this indicator 33 (5.09%) were not stated (Don’t know Refused) in NSW. The question used was: What are the main reasons for child not visiting the dentist in the last 12 months? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.

Private health insurance for dental expenses by socioeconomic disadvantage, children 5-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>5-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Quintile</td>
<td>34.8</td>
<td>33.3</td>
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<td>8th Quintile</td>
<td>37.9</td>
<td>36.5</td>
</tr>
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<td>7th Quintile</td>
<td>39.8</td>
<td>53.3</td>
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<td>6th Quintile</td>
<td>52.7</td>
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</tr>
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<td>5th Quintile</td>
<td>74.5</td>
<td>75.1</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>47.9</td>
<td>50.8</td>
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<td>3rd Quintile</td>
<td></td>
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<tr>
<td>2nd Quintile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Quintile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10th Quintile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Estimates are based on 2,293 respondents in NSW. For this indicator 13 (0.56%) were not stated (Don’t know Refused) in NSW. The indicator includes those who have private health insurance for dental expenses. The question used to define the indicator was: Does child have private health insurance cover for dental expenses?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.
Population weight status

Introduction

Healthy weight is associated with physical, social, and emotional health, and is linked with a lower risk of chronic illness and premature death. While healthy weight is determined by different factors in each person, preventing weight gain in people with healthy weight, and avoiding further weight gain among those already overweight, are important public health priorities. Two indicators of weight status are conventionally used in population health surveys: Body Mass Index (BMI) and waist circumference. There are age and sex defined norms for these indicators which makes it possible to quantify the prevalence of overweight and obesity in the population.[1]

In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity.[2-3]

The validity of self-reported height and weight has been investigated in adult, adolescent, and young adult populations. While many studies have observed a high correlation (96 per cent agreement) between BMI calculated from self-reported and measured height and weight, there is ample evidence that self-reported height and weight is not as exact as measured height and weight but is adequate for conducting epidemiological research.[4]

Results

Graphs for these indicators show BMI categories, overweight, obese, and overweight or obese, for children aged 2-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **BMI categories**: according to estimates of BMI based on parent-reported height and weight, 3.4 per cent of children were underweight, 68.0 per cent were healthy weight, 18.5 per cent were overweight, and 10.1 per cent were obese.

- **Overweight**: according to international cut-off points for child BMI by age and sex, 18.5 per cent of children were overweight (15.6 per cent 2-8 years; 20.8 per cent 9-15 years; 18.8 per cent male; 18.3 per cent female; 18.7 per cent metropolitan; 18.1 per cent rural-regional). There has been a significant decrease in the proportion of children who were overweight between 2007-2008 and 2009-2010 (20.8 per cent to 18.5 per cent).

- **Obese**: according to international cut-off points for child BMI by age and sex, 10.1 per cent of children were obese (14.7 per cent 2-8 years; 6.5 per cent 9-15 years; 10.4 per cent male; 9.7 per cent female; 9.9 per cent metropolitan; 10.4 per cent rural-regional). There has been a significant increase in the proportion of children who were obese between 2007-2008 and 2009-2010 (8.1 per cent to 10.1 per cent).

- **Overweight or obese**: according to international cut-off points for child BMI by age and sex, 28.6 per cent of children were overweight or obese (30.2 per cent 2-8 years; 27.3 per cent 9-15 years; 29.1 per cent male; 28.0 per cent female; 28.6 per cent metropolitan; 28.5 per cent rural-regional). There has been no significant change in the proportion of children who were overweight or obese between 2007-2008 and 2009-2010.

References

Body Mass Index categories, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Underweight</th>
<th>Healthy weight</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-8 years</td>
<td>4.7</td>
<td>65.1</td>
<td>15.6</td>
<td>14.7</td>
</tr>
<tr>
<td>9-15 years</td>
<td>2.5</td>
<td>70.2</td>
<td>20.8</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,025 respondents in NSW. For this indicator 31 (1.01%) were not stated (Don’t know Refused) in NSW. The questions used were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).


Overweight by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile (most disadvantaged)</td>
<td>15.1</td>
<td>24.4</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>14.6</td>
<td>20.9</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>17.2</td>
<td>21.7</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>14.9</td>
<td>19.6</td>
</tr>
<tr>
<td>1st Quintile (least disadvantaged)</td>
<td>16.5</td>
<td>17.6</td>
</tr>
<tr>
<td>NSW</td>
<td>15.6</td>
<td>20.8</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,025 respondents in NSW. For this indicator 31 (1.01%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who are overweight, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).

Overweight by region and year, children 2-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,025), 2007-2008 (3,658). The indicator includes those children who are overweight, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).


Overweight by sex and year, children 2-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,025), 2007-2008 (3,658). The indicator includes those children who are overweight, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).

Obese by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>2-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile (most disadvantaged)</td>
<td>18.0</td>
<td>9.3</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>15.7</td>
<td>8.9</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>12.3</td>
<td>5.4</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>16.0</td>
<td>n/a</td>
</tr>
<tr>
<td>1st Quintile (least disadvantaged)</td>
<td>11.4</td>
<td>n/a</td>
</tr>
<tr>
<td>NSW</td>
<td>14.7</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,025 respondents in NSW. For this indicator 31 (1.01%) were not stated (Don't know Refused) in NSW. The indicator includes those children who are obese, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007). n/a = prevalence estimates not presented due to unreliability.


Obese by region and year, children 2-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,025), 2007-2008 (3,658). The indicator includes those children who are obese, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).

Obese by sex and year, children 2-15 years, NSW, 2007-2010

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,025), 2007-2008 (3,658). The indicator includes those children who are obese, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

Overweight or obese by socioeconomic disadvantage, children 2-15 years, NSW, 2009-2010

**Note:** Estimates are based on 3,025 respondents in NSW. For this indicator 31 (1.01%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who are overweight or obese, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.
Overweight or obese by region and year, children 2-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,025), 2007-2008 (3,658). The indicator includes those children who are overweight or obese, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).


Overweight or obese by sex and year, children 2-15 years, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,025), 2007-2008 (3,658). The indicator includes those children who are overweight or obese, according to international cut-off points for body mass index by age and sex. The questions used to define the indicator were: How tall is child without shoes? How much does child weigh without clothes or shoes? If unsure: As you were unsure or did not know the weight of child would you be able to measure child and provide us with that information when we ring you back in about a week’s time? In children, BMI is first calculated by dividing a person’s weight (in kilograms) by their height (in metres) squared. The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, healthy weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30. These categories are then adjusted for international cut-off points defined for underweight, overweight, and obesity (Cole et al. 2000; Cole et al. 2007).

Health services

NSW Health provides a range of health care services for children and their families across a variety of settings and it is important to monitor the use of and satisfaction with those services. This section of the 2009-2010 Summary Report from the NSW Child Health Survey includes the following indicators for health service use and satisfaction:

- Use and rating of health services
- Early childhood health centres
- Home visiting

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Use and rating of health services

Introduction

NSW Health provides a range of health care services to children and their families across a variety of settings. It is important to monitor the use of and satisfaction with those services. The National Healthcare Agreement affirms that Australia’s health system should: be shaped around the health needs of individual patients, their families and communities; support an integrated approach to the diagnosis and treatment of illness across the continuum of care; provide all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country. [1] NSW 2021: A plan to make NSW number one contains targets to keep people healthy and out of hospital, and provide world class clinical services with timely access and effective infrastructure. [2]

Results

Graphs for these indicators show health service use, health service rating, difficulties getting health care, and private health insurance, for children aged 0-15 years by age group, sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Health service use**: 19.8 per cent of children did not attend any health service, 23.4 per cent presented to an emergency department, 11.7 per cent were admitted to hospital for at least 1 night, 88.5 per cent visited a general practice, 12.4 per cent attended a public dental service or hospital, and 13.4 per cent attended a community health centre.
- **Health service rating**: among parents or carers of children who attended a health service in the last 12 months, 82.1 per cent rated child’s emergency department care as excellent, very good or good, 90.7 per cent rated child’s hospital care as excellent, very good or good, 95.1 per cent rated child’s general practice care as excellent, very good or good, 94.0 per cent rated child’s public dental service care as excellent, very good or good, and 93.8 per cent rated child’s community health service care as excellent, very good or good.
- **Difficulties getting health care**: 21.7 per cent of children had difficulty getting health care when needing it (20.8 per cent 0-8 years; 22.8 per cent 9-15 years; 21.2 per cent male; 22.2 per cent female; 17.0 per cent metropolitan; 32.0 per cent rural-regional). There has been a significant increase in the proportion of children who had difficulty getting health care when needing it between 2003-2004 and 2009-2010 (16.2 per cent to 21.7 per cent). The main types of difficulties were: waiting time for a general practitioner appointment (59.5 per cent), shortage of general practitioners (12.8 per cent), shortage of health services (12.8 per cent), and difficulty in accessing specialists (11.3 per cent).
- **Private health insurance**: 55.7 per cent of children were covered by private health insurance (55.5 per cent 0-8 years; 56.0 per cent 9-15 years; 59.9 per cent metropolitan; 46.8 per cent rural-regional). There has been no significant change in the proportion of children who were covered by private health insurance between 2005-2006 and 2009-2010.

References

Health services attended in last 12 months, children 0-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th></th>
<th>0-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital emergency department</td>
<td>25.4%</td>
<td>20.9%</td>
</tr>
<tr>
<td>At least one night in hospital</td>
<td>15.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>A general practitioner</td>
<td>8.6%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Public dental service or dental hospital</td>
<td>18.2%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Community health centre</td>
<td>17.4%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Did not attend any services</td>
<td>92.3%</td>
<td>83.7%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 3,940 respondents in NSW. For this indicator 242 (6.79%) were not stated (Don't know Refused) in NSW. The question used was: In the last 12 months has child attended any of the following services: stayed for at least 1 night in hospital, a hospital emergency department for medical care, a government run community health centre, a government run public dental service or dental hospital, a general practitioner? Respondents could mention more than 1 response. Percentages may total more than 100%.


Emergency department rated as excellent, very good or good by region and year, parents or carers of children 0-15 years who presented to an emergency department in the last 12 months, NSW, 2003-2010

<table>
<thead>
<tr>
<th></th>
<th>0-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003-04</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>2005-06</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>2007-08</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>2009-10</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>9-15 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003-04</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>2005-06</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>2007-08</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>2009-10</td>
<td>98.6%</td>
<td>98.6%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,005), 2007-2008 (1,319), 2005-2006 (1,048), 2003-2004 (1,854). The indicator includes children who presented to an emergency department in the last 12 months whose parents rated their care as excellent, very good or good for their most recent visit. The question used to define the indicator was: In the last 12 months, have you attended a hospital emergency department or casualty for child’s medical care? Overall what do you think of the care child received at this emergency department: excellent, very good, good, fair or poor?

Emergency department rated as excellent, very good or good by sex and year, parents or carers of children 0-15 years who presented to an emergency department in the last 12 months, NSW, 2003-2010

![Graph showing percentage of emergency department visits rated as excellent, very good or good by sex and year from 2003-2010.](image)

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,005), 2007-2008 (1,319), 2005-2006 (1,048), 2003-2004 (1,854). The indicator includes children who presented to an emergency department in the last 12 months whose parents rated their care as excellent, very good or good for their most recent visit. The question used to define the indicator was: In the last 12 months, have you attended a hospital emergency department or casualty for child’s medical care? Overall what do you think of the care child received at this emergency department: excellent, very good, good, fair or poor?


Hospital care rated as excellent, very good or good by region and year, parents or carers of children 0-15 years who were admitted to hospital in the last 12 months, NSW, 2003-2010

![Graph showing percentage of hospital stays rated as excellent, very good or good by region and year from 2003-2010.](image)

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (322), 2007-2008 (644), 2005-2006 (470), 2003-2004 (850). The indicator includes children admitted to hospital in the last 12 months whose parents rated their care as excellent, very good or good for their most recent overnight stay. The questions used to define the indicator were: In the last 12 months has child stayed for at least 1 night in hospital? Overall, what do you think of the care child received at this hospital: excellent, very good, good, fair or poor?


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Hospital care rated as excellent, very good or good by sex and year, parents or carers of children 0-15 years who were admitted to hospital in the last 12 months, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (322), 2007-2008 (644), 2005-2006 (470), 2003-2004 (850). The indicator includes children admitted to hospital in the last 12 months whose parents rated their care as excellent, very good or good for their most recent overnight stay. The questions used to define the indicator were: In the last 12 months has child stayed for at least 1 night in hospital? Overall, what do you think of the care child received at this hospital: excellent, very good, good, fair or poor?


General practitioner care rated as excellent, very good or good by region and year, parents or carers of children 0-15 years who visited a general practitioner in the last 12 months, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,441), 2007-2008 (4,227). The indicator includes those parents or carers who rated child’s care as excellent or very good or good for the most recent general practitioner visit. The questions used to define the indicator were: In the last 12 months did child see a general practitioner? Overall, what do you think of the care child received at his/her most recent general practitioner visit?

General practitioner care rated as excellent, very good or good by sex and year, parents or carers of children 0-15 years who visited a general practitioner in the last 12 months, NSW, 2007-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,441), 2007-2008 (4,227). The indicator includes those parents or carers who rated child’s care as excellent or very good or good for the most recent general practitioner visit. The questions used to define the indicator were: In the last 12 months did child see a general practitioner? Overall, what do you think of the care child received at his/her most recent general practitioner visit?


Public dental service care rated as excellent, very good or good by region and year, parents or carers of children 0-15 years who attended a public dental service in the last 12 months, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (501), 2007-2008 (586), 2005-2006 (311), 2003-2004 (1,127). The indicator includes children who attended a public dental service or dental hospital in the last 12 months whose care was rated as as excellent, very good or good for their most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended a public or government-run dental service or dental hospital? Overall what do you think of the care child received at the public dental service: excellent, very good, good, fair or poor?

Public dental service care rated as excellent, very good or good by sex and year, parents or carers of children 0-15 years who attended a public dental service in the last 12 months, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (501), 2007-2008 (586), 2005-2006 (311), 2003-2004 (1,127). The indicator includes children who attended a public dental service or dental hospital in the last 12 months whose care was rated as excellent, very good or good for their most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended a public or government-run dental service or dental hospital? Overall what do you think of the care child received at the public dental service: excellent, very good, good, fair or poor?


Community health centre care rated as excellent, very good or good by region and year, parents or carers of children 0-15 years who attended a community health centre in the last 12 months, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (561), 2007-2008 (312), 2005-2006 (398), 2003-2004 (906). The indicator includes those attending a community health centre in the last 12 months who rated the care as excellent, very good or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended a government-run community health centre? Overall, what do you think of the care child received at this community health centre: excellent, very good, good, fair or poor?

Community health centre care rated as excellent, very good or good by sex and year, parents or carers of children 0-15 years who attended a community health centre in the last 12 months, NSW, 2003-2010

Difficulties getting health care when needing it by socioeconomic disadvantage, children 0-15 years, NSW, 2009-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (561), 2007-2008 (312), 2005-2006 (396), 2003-2004 (906). The indicator includes those attending a community health centre in the last 12 months who rated the care as excellent, very good, or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended a government-run community health centre? Overall, what do you think of the care child received at this community health centre: excellent, very good, good, fair or poor?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.

Note: Estimates are based on 4,144 respondents in NSW. For this indicator 5 (0.12%) were not stated (Don’t know Refused) in NSW. The indicator includes parents or carers who had difficulties getting health care when child needed it. It excludes those who said child did not need health care. The question used to define the indicator was: Do you have any difficulties getting health care when child needs it?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.
Difficulties getting health care when needing it by region and year, children 0-15 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (4,144), 2007-2008 (5,101), 2005-2006 (4,507), 2003-2004 (7,551). The indicator includes parents or carers who had difficulties getting health care when child needed it. It excludes those who said child did not need health care. The question used to define the indicator was: Do you have any difficulties getting health care when child needs it?


Difficulties getting health care when needing it by sex and year, children 0-15 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (4,144), 2007-2008 (5,101), 2005-2006 (4,507), 2003-2004 (7,551). The indicator includes parents or carers who had difficulties getting health care when child needed it. It excludes those who said child did not need health care. The question used to define the indicator was: Do you have any difficulties getting health care when child needs it?

Types of difficulties getting health care when needing it, children 0-15 years who had difficulties getting health care, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>0-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting time for GP appointment</td>
<td>57.8%</td>
<td>61.4%</td>
</tr>
<tr>
<td>Difficulty getting GP after hours</td>
<td>5.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Shortage of GPs</td>
<td>10.9%</td>
<td>14.7%</td>
</tr>
<tr>
<td>No bulk billing</td>
<td>0.6%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Difficulty in accessing specialists</td>
<td>12.5%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Waiting time for dental services</td>
<td>3.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Shortage of health services</td>
<td>11.8%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Emergency dept. waiting time</td>
<td>10.8%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Quality of treatment</td>
<td>2.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Waiting time for elective surgery</td>
<td>7.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Cost of health care services</td>
<td>7.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Other</td>
<td>7.7%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 983 respondents in NSW. For this indicator 5 (0.51%) were not stated (Don’t know Refused) in NSW. The questions used were: Do you have any difficulties getting health care when child needs it? Please describe the difficulties you have? Respondents could mention more than 1 response. Percentages may total more than 100%.


Private health insurance by socioeconomic disadvantage, children 0-15 years, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Quintile</th>
<th>0-8 years</th>
<th>9-15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Quintile most disadvantaged</td>
<td>36.7%</td>
<td>36.9%</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>44.6%</td>
<td>42.6%</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>53.9%</td>
<td>56.7%</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>59.5%</td>
<td>60.8%</td>
</tr>
<tr>
<td>1st Quintile least disadvantaged</td>
<td>83.2%</td>
<td>83.3%</td>
</tr>
<tr>
<td>NSW</td>
<td>55.5%</td>
<td>56.0%</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 4,166 respondents in NSW. For this indicator 16 (0.38%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who are covered by private health insurance. The question used to define the indicator was: Apart from Medicare, is child covered by private health insurance?

Private health insurance by region and year, children 0-15 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (4,166), 2007-2008 (5,138), 2005-2006 (4,567), 2003-2004 (7,651). The indicator includes those children who are covered by private health insurance. The question used to define the indicator was: Apart from Medicare, is child covered by private health insurance?


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Early childhood health services

Introduction

In NSW, early childhood health centres are staffed by health professionals, including child and family health nurses, who give assistance with caring for babies and young children, including information on: breastfeeding, coping with sleeping and crying, children’s growth and development, immunisation, safety, playing with babies or toddlers to stimulate development, and parental wellbeing. The range of services are delivered in two main settings: at the centres and in the client’s home. Centre-based activities are provided on an appointment or ‘drop in’ basis. Group programs are conducted for a range of issues including postnatal depression, breastfeeding, sleep and settling, and child behaviour. These groups also encourage social interaction among parents so they may develop and utilise their own supportive network of friends. Group programs can also be used at appropriate child health checks. Various other services provided from early childhood health centres are designed to maximise the opportunities for families to network, for example: newsletters, pram-walking activities, and coffee mornings.[1]

Results

Graphs for these indicators show early childhood health centre attendances, rating of care, and regularly seeing baby or early childhood health nurse, for children aged 0-4 years by age group, sex, socioeconomic disadvantage, mothers’ characteristics, geographical location, and year. Results for these indicators include:

- **Early childhood health centre attendances**: 37.1 per cent of children attended an early childhood health centre on 1 or more occasions in the last 12 months (49.6 per cent 0-11 months; 34.4 per cent 1-4 years; 38.1 per cent male; 36.0 per cent female; 37.9 per cent metropolitan; 35.2 per cent rural-regional). There has been no significant change in the proportion of children aged 0-4 years who attended an early childhood health centre in the last 12 months between 2003-2004 and 2009-2010; however, there has been a significant decrease in children aged 0-11 months (61.5 per cent to 49.6 per cent).

- **Rating of care**: 94.2 per cent of parents or carers rated their child’s early childhood health centre care as excellent, very good, or good (93.0 per cent 0-11 months; 94.7 per cent 1-4 years; 95.2 per cent male; 93.1 per cent female; 93.9 per cent metropolitan; 94.9 per cent rural-regional). There has been no significant change in the proportion of parents or carers who rated their child’s early childhood health centre care as excellent, very good, or good between 2007-2008 and 2009-2010.

- **Regularly seeing baby or early childhood health nurse**: 26.8 per cent of children aged 0-4 years were regularly seeing a baby or early childhood health nurse (60.0 per cent 0-11 months; 18.4 per cent 1-4 years; 27.5 per cent male; 26.1 per cent female; 26.5 per cent metropolitan; 27.6 per cent rural-regional). There has been no significant change in the proportion of children aged 0-4 years who were regularly seeing a baby or early childhood health nurse between 2001 and 2009-2010; however, there has been a significant decrease in children aged 0-11 months (70.6 per cent to 60.0 per cent). The main reasons parents or carers gave for child not seeing a baby or early childhood health nurse on a regular basis were: no need to attend anymore (63.4 per cent), use other services instead (15.0 per cent), and not useful any more (8.6 per cent).

References

Early childhood health centre attendance in the last 12 months by socioeconomic disadvantage, children 0-4 years, NSW, 2009-2010

Note: Estimates are based on 1,046 respondents in NSW. For this indicator 225 (17.70%) were not stated (Don’t know Refused) in NSW. The indicator includes children who attended an early childhood health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, has child attended an early childhood health centre?


Early childhood health centre attendance in the last 12 months by mothers’ characteristics, children 0-4 years, NSW, 2009-2010

Note: Estimates are based on 1,046 respondents in NSW. For this indicator 225 (17.70%) were not stated (Don’t know Refused) in NSW. The indicator includes children who attended an early childhood health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, has child attended an early childhood health centre? n/a = prevalence estimates not presented due to unreliability.

Early childhood health centre attendance in the last 12 months by region and year, children 0-4 years, NSW, 2003-2010

0-11 months

1-4 years

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,046), 2007-2008 (1,603), 2005-2006 (1,447), 2003-2004 (2,391). The indicator includes children who attended an early childhood health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, has child attended an early childhood health centre?


Early childhood health centre attendance in the last 12 months by sex and year, children 0-4 years, NSW, 2003-2010

0-11 months

1-4 years

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,046), 2007-2008 (1,603), 2005-2006 (1,447), 2003-2004 (2,391). The indicator includes children who attended an early childhood health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, has child attended an early childhood health centre?

Early childhood health centre care ratings, parents or carers of children 0-4 years who are currently attending an early childhood health centre, NSW, 2009-2010

Note: Estimates are based on 500 respondents in NSW. For this indicator 5 (0.99%) were not stated (Don’t know Refused) in NSW. The questions used were: In the last 12 months, has child attended an early childhood health centre? Overall what do you think of the care child received at this early childhood health centre: excellent, very good, good, fair, or poor?


Early childhood health centre care rated as excellent, very good or good by socioeconomic disadvantage, parents or carers of children 0-4 years who are currently attending an early childhood health centre, NSW, 2009-2010

Note: Estimates are based on 500 respondents in NSW. For this indicator 5 (0.99%) were not stated (Don’t know Refused) in NSW. The indicator includes those attending an early childhood health centre in the last 12 months who rated the care as excellent, very good or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended an early childhood health centre? Overall what do you think of the care child received at this early childhood health centre: excellent, very good, good, fair, or poor?

Early childhood health centre care rated as excellent, very good or good by mothers’ characteristics, parents or carers of children 0-4 years who are currently attending an early childhood health centre, NSW, 2009-2010

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>0-11 months</th>
<th>1-4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25 years</td>
<td>100</td>
<td>95.6</td>
</tr>
<tr>
<td>25 years and over</td>
<td>91.0</td>
<td>93.7</td>
</tr>
<tr>
<td>Tertiary qualifications</td>
<td>85.7</td>
<td>92.4</td>
</tr>
<tr>
<td>Without tertiary qualifications</td>
<td>99.2</td>
<td>94.9</td>
</tr>
<tr>
<td>English speaking background</td>
<td>92.3</td>
<td>94.7</td>
</tr>
<tr>
<td>Non English speaking background</td>
<td>88.1</td>
<td>88.7</td>
</tr>
<tr>
<td>NSW</td>
<td>93.0</td>
<td>94.7</td>
</tr>
</tbody>
</table>

Note: Estimates are based on 500 respondents in NSW. For this indicator 5 (0.99%) were not stated (Don’t know Refused) in NSW. The indicator includes those attending an early childhood health centre in the last 12 months who rated the care as excellent, very good or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended an early childhood health centre? Overall what do you think of the care child received at this early childhood health centre: excellent, very good, good, fair, or poor?


Early childhood health centre care rated as excellent, very good or good by region and year, parents or carers of children 0-4 years who are currently attending an early childhood health centre, NSW, 2003-2010

<table>
<thead>
<tr>
<th>Region</th>
<th>0-11 months</th>
<th>1-4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>100</td>
<td>95.6</td>
</tr>
<tr>
<td>Metro</td>
<td>91.0</td>
<td>93.7</td>
</tr>
<tr>
<td>Rural</td>
<td>85.7</td>
<td>92.4</td>
</tr>
<tr>
<td>NSW</td>
<td>99.2</td>
<td>94.9</td>
</tr>
<tr>
<td>Metro</td>
<td>92.3</td>
<td>94.7</td>
</tr>
<tr>
<td>Rural</td>
<td>88.1</td>
<td>88.7</td>
</tr>
<tr>
<td>NSW</td>
<td>93.0</td>
<td>94.7</td>
</tr>
</tbody>
</table>

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (500), 2007-2008 (662), 2005-2006 (167), 2003-2004 (709). The indicator includes those attending an early childhood health centre in the last 12 months who rated the care as excellent, very good or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended an early childhood health centre? Overall what do you think of the care child received at this early childhood health centre: excellent, very good, good, fair, or poor?

Early childhood health centre care rated as excellent, very good or good by sex and year, parents or carers of children 0-4 years who are currently attending an early childhood health centre, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (500), 2007-2008 (662), 2005-2006 (167), 2003-2004 (709). The indicator includes those attending an early childhood health centre in the last 12 months who rated the care as excellent, very good or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, has child attended an early childhood health centre? Overall what do you think of the care child received at this early childhood health centre: excellent, very good, good, fair, or poor?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.

Regularly seeing a baby or early childhood health nurse by socioeconomic disadvantage, children 0-4 years, NSW, 2009-2010

Note: Estimates are based on 1,269 respondents in NSW. For this indicator 2 (0.16%) were not stated (Don't know Refused) in NSW. The indicator includes those children who are seeing a baby or early childhood health nurse on a regular basis. The question used to define the indicator was: Is child seeing a baby or early childhood health nurse on a regular basis?

Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.
Regularly seeing a baby or early childhood health nurse by mothers’ characteristics, children 0-4 years, NSW, 2009-2010

Note: Estimates are based on 1,269 respondents in NSW. For this indicator 2 (0.16%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who are seeing a baby or early childhood health nurse on a regular basis. The question used to define the indicator was: Is child seeing a baby or early childhood health nurse on a regular basis? n/a = prevalence estimates not presented due to unreliability.  

Regularly seeing a baby or early childhood health nurse by region and year, children 0-4 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,269), 2007-2008 (521), 2005-2006 (1,449), 2003-2004 (2,378), 2001 (3,290). The indicator includes those children who are seeing a baby or early childhood health nurse on a regular basis. The question used to define the indicator was: Is child seeing a baby or early childhood health nurse on a regular basis?  
Regularly seeing a baby or early childhood health nurse by sex and year, children 0-4 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,269), 2007-2008 (521), 2005-2006 (1,449), 2003-2004 (2,378), 2001 (3,290). The indicator includes those children who are seeing a baby or early childhood health nurse on a regular basis. The question used to define the indicator was: Is child seeing a baby or early childhood health nurse on a regular basis?


Reason for not regularly seeing a baby or early childhood health nurse, children 0-4 years who were not regularly seeing a baby or early childhood nurse, NSW, 2009-2010

Note: Estimates are based on 888 respondents in NSW. For this indicator 25 (2.74%) were not stated (Don't know Refused) in NSW. The questions used were: Is child seeing a baby or early childhood health nurse on a regular basis? Can you tell me the main reason child is not seeing a baby health or early childhood health nurse?

Home visiting

Introduction

Many local health districts have developed home visiting programs to support women during pregnancy and the transition from hospital to home. For these programs, there is wide variation of access, availability, entry criteria, and scope of service provision, including duration and timing of visits. The aims of services provided are: early postnatal maternity care and assessment, including the transition to home and establishment of infant feeding. Additional services have been developed in some metropolitan tertiary hospitals for babies discharged from neonatal intensive care units. Also, in some local health districts, additional services are provided for women and babies with identified problems, to promote effective discharge from hospital and seamless uptake into community-based child and family health services.[1]

Results

Graphs for these indicators show home visiting in the last 12 months and rating of care for children aged 0-11 months by sex, socioeconomic disadvantage, mothers’ characteristics, geographical location, and year. Results for these indicators include:

- **Received a home visit in the last 12 months**: 77.1 per cent of children received a home visit from a child or community nurse on 1 or more occasions in the last 12 months (76.9 per cent male; 77.3 per cent female; 79.4 per cent metropolitan; 70.0 per cent rural-regional). There has been a significant increase in the proportion of children who received a home visit from a child or community nurse in the last 12 months between 2001 and 2009-2010 (57.8 per cent to 77.1 per cent).

- **Rating of care**: 55.2 per cent of parents or carers rated their child’s care as excellent, 26.1 per cent as very good, 16.6 per cent as good, 1.4 per cent as fair, and 0.8 per cent as poor.

References

Home visit from child or community nurse in the last 12 months by socioeconomic disadvantage, infants 0-11 months, NSW, 2009-2010

Note: Estimates are based on 265 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know Refused) in NSW. The indicator includes those who received a home visit in the last 12 months from a community nurse or midwife (before 2007) or a child or community nurse (since 2007). The questions used to define the indicator were: (Before 2007) In the last 12 months, have you had any health professionals visit child in your home? In the last 12 months, which health professionals visited child in your home? (From 2007) In the last 12 months, has a child or community nurse visited child in your home?


Home visit from child or community nurse in the last 12 months by mothers’ characteristics, infants 0-11 months, NSW, 2009-2010

Note: Estimates are based on 265 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know Refused) in NSW. The indicator includes those who received a home visit in the last 12 months from a community nurse or midwife (before 2007) or a child or community nurse (since 2007). The questions used to define the indicator were: (Before 2007) In the last 12 months, have you had any health professionals visit child in your home? In the last 12 months, which health professionals visited child in your home? (From 2007) In the last 12 months, has a child or community nurse visited child in your home?

Home visit from child or community nurse in the last 12 months by region and year, infants 0-11 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (265), 2007-2008 (367), 2005-2006 (186), 2003-2004 (269), 2001 (346). The indicator includes those who received a home visit in the last 12 months from a community nurse or midwife (before 2007) or a child or community nurse (since 2007). The questions used to define the indicator were: (Before 2007) In the last 12 months, have you had any health professionals visit child in your home? In the last 12 months, which health professionals visited child in your home? (From 2007) In the last 12 months, has a child or community nurse visited child in your home?


Home visit from child or community nurse in the last 12 months by sex and year, infants 0-11 months, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (265), 2007-2008 (367), 2005-2006 (186), 2003-2004 (269), 2001 (346). The indicator includes those who received a home visit in the last 12 months from a community nurse or midwife (before 2007) or a child or community nurse (since 2007). The questions used to define the indicator were: (Before 2007) In the last 12 months, have you had any health professionals visit child in your home? In the last 12 months, which health professionals visited child in your home? (From 2007) In the last 12 months, has a child or community nurse visited child in your home?

Home visit care rating, parents or carers of infants 0-11 months who had a home visit, NSW, 2009-2010

Note: Estimates are based on 212 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know Refused) in NSW. The questions used were: In the last 12 months, has a child or community nurse visited child in your home? Overall, what do you think of the care child received from this child and community nurse?

Social determinants of health

The health and wellbeing of children is strongly influenced by social determinants and family circumstances. The context in which children live, including family, school, and community environments, and how these settings interact, is crucial to their development. This section of the 2009-2010 Summary Report from the NSW Child Health Survey includes the following indicators for social determinants of health:

- Early childhood educational development
- Parental support
Early childhood educational development

Introduction

The early years are a period of rapid brain development and the provision of a stable, nurturing environment provides a strong base for learning. Attendance at early childhood education programs has been found to have beneficial effects on a child’s readiness for school and their ability to make a successful transition to full-time schooling, particularly among disadvantaged children. Children who attend quality early childhood programs show better performance and progress in their early school years in intellectual, cognitive, and social domains.[1] Shared reading positively affects children’s vocabulary development, comprehension, and understanding of the conventions of print. It also encourages phonological awareness (the ability to recognise the internal sound structure of words) and is an important predictor of literacy.[2]

Results

Graphs for these indicators show early childhood activities, childcare, preschool, and reading for children aged 0-5 years by sex, socioeconomic disadvantage, mothers characteristics, geographical location, and year. Results for these indicators include:

- **Ever participated in early childhood activities**: 59.0 per cent of children aged 0-5 years had ever participated in early childhood activities (60.8 per cent male; 57.0 per cent female; 58.2 per cent metropolitan; 61.0 per cent rural-regional). There has been a significant increase in the proportion of children aged 0-5 years who had ever participated in early childhood activities between 2001 and 2009-2010 (36.8 per cent to 59.0 per cent).
- **Currently participate in early childhood activities**: 33.4 per cent of children aged 0-5 years currently participate in early childhood activities (35.3 per cent male; 31.3 per cent female; 33.6 per cent metropolitan; 32.9 per cent rural-regional). There has been no significant change in the proportion of children aged 0-5 years who currently participate in early childhood activities between 2001 and 2009-2010.
- **Ever been to childcare**: 49.3 per cent of children aged 0-5 years had ever been to childcare (49.1 per cent male; 49.5 per cent female; 48.4 per cent metropolitan; 51.5 per cent rural-regional). There has been a significant decrease in the proportion of children aged 0-5 years who had ever been to childcare between 2001 and 2009-2010 (53.6 per cent to 49.3 per cent).
- **Currently go to childcare**: 36.3 per cent of children aged 0-5 years currently go to childcare (34.9 per cent male; 37.8 per cent female; 36.7 per cent metropolitan; 35.4 per cent rural-regional). There has been a significant decrease in the proportion of children aged 0-5 years who currently go to childcare between 2001 and 2009-2010 (43.5 per cent to 36.3 per cent). The types of childcare are: long daycare centre (69.0 per cent), family daycare (13.9 per cent), occasional care (6.7 per cent), grandparent (4.6 per cent), nanny (1.0 per cent), babysitter (0.8 per cent), relative or family other than grandparent (0.7 per cent), and friend (0.5 per cent).
- **Currently go to preschool or childcare with a preschool program**: 82.2 per cent of children aged 3-4 years currently go preschool or childcare with a preschool program (84.6 per cent male; 79.9 per cent female; 82.9 per cent metropolitan; 80.4 per cent rural-regional). There has been a significant increase in the proportion of children aged 3-4 years who currently go to preschool or childcare with a preschool program between 2001 and 2009-2010 (69.1 per cent to 82.2 per cent).
- **Frequency of reading to child**: 73.8 per cent of parents or carers of children aged 0-5 years read to child daily (74.0 per cent male; 73.5 per cent female; 73.8 per cent metropolitan; 73.7 per cent rural-regional). There has been a significant increase in the proportion of parents or carers of children aged 0-5 years who read to child daily between 2003-2004 and 2009-2010 (68.0 per cent to 73.8 per cent).

References

Ever participated in early childhood activities by socioeconomic disadvantage, children 0-5 years, NSW, 2009-2010

Note: Estimates are based on 1,497 respondents in NSW. For this indicator 11 (0.73%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who have ever attended a play group or early childhood program or activity. The question used to define the indicator was: Has child ever attended any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.


Ever participated in early childhood activities by mothers’ characteristics, children 0-5 years, NSW, 2009-2010

Note: Estimates are based on 1,497 respondents in NSW. For this indicator 11 (0.73%) were not stated (Don’t know Refused) in NSW. The indicator includes those children who have ever attended a play group or early childhood program or activity. The question used to define the indicator was: Has child ever attended any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.

Ever participated in early childhood activities by region and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,497), 2007-2008 (1,926), 2005-2006 (1,663), 2003-2004 (2,813), 2001 (2,921). The indicator includes those children who have ever attended a play group or early childhood program or activity. The question used to define the indicator was: Has child ever attended any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.


Ever participated in early childhood activities by sex and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,497), 2007-2008 (1,926), 2005-2006 (1,663), 2003-2004 (2,813), 2001 (2,921). The indicator includes those children who have ever attended a play group or early childhood program or activity. The question used to define the indicator was: Has child ever attended any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.

Currently participate in early childhood activities by socioeconomic disadvantage, children 0-5 years, NSW, 2009-2010

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<thead>
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Note: Estimates are based on 1,495 respondents in NSW. For this indicator 13 (0.86%) were not stated (Don’t know Refused) in NSW. The indicator includes children who are currently attending any play group or other early childhood program or activity. The question used to define the indicator was: Does child currently attend any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.


Currently participate in early childhood activities by mothers’ characteristics, children 0-5 years, NSW, 2009-2010

<table>
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<td>English speaking background</td>
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<td>NSW</td>
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</table>

Note: Estimates are based on 1,495 respondents in NSW. For this indicator 13 (0.86%) were not stated (Don’t know Refused) in NSW. The indicator includes children who are currently attending any play group or other early childhood program or activity. The question used to define the indicator was: Does child currently attend any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.

Currently participate in early childhood activities by region and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,495), 2007-2008 (1,925), 2005-2006 (1,681), 2003-2004 (2,813), 2001 (2,921). The indicator includes children who are currently attending any play group or other early childhood program or activity. The question used to define the indicator was: Does child currently attend any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.


Currently participate in early childhood activities by sex and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,495), 2007-2008 (1,925), 2005-2006 (1,681), 2003-2004 (2,813), 2001 (2,921). The indicator includes children who are currently attending any play group or other early childhood program or activity. The question used to define the indicator was: Does child currently attend any play group or other early childhood program or activity? Please do not include childcare programs or time spent in preschool.

Ever been to childcare by socioeconomic disadvantage, children 0-5 years, NSW, 2009-2010

Note: Estimates are based on 1,502 respondents in NSW. For this indicator 6 (0.40%) were not stated (Don't know Refused) in NSW. The indicator includes children who have ever been to childcare on a regular basis. The question used to define the indicator was: Have you ever used any childcare for child on a regular basis?


Ever been to childcare by mothers’ characteristics, children 0-5 years, NSW, 2009-2010

Note: Estimates are based on 1,502 respondents in NSW. For this indicator 6 (0.40%) were not stated (Don't know Refused) in NSW. The indicator includes children who have ever been to childcare on a regular basis. The question used to define the indicator was: Have you ever used any childcare for child on a regular basis?

Ever been to childcare by region and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,502), 2007-2008 (1,926), 2005-2006 (1,683), 2003-2004 (2,813), 2001 (3,610). The indicator includes children who have ever been to childcare on a regular basis. The question used to define the indicator was: Have you ever used any childcare for child on a regular basis?


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Ever been to childcare by sex and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,502), 2007-2008 (1,926), 2005-2006 (1,683), 2003-2004 (2,813), 2001 (3,610). The indicator includes children who have ever been to childcare on a regular basis. The question used to define the indicator was: Have you ever used any childcare for child on a regular basis?

Currently go to childcare by socioeconomic disadvantage, children 0-5 years, NSW, 2009-2010

![Chart showing the percentage of children in different quintiles going to childcare, with the least disadvantaged having the highest percentage at 40.3% and the most disadvantaged having the lowest at 31.1%.]

Note: Estimates are based on 1,501 respondents in NSW. For this indicator 7 (0.46%) were not stated (Don't know Refused) in NSW. The indicator includes those children who currently go to childcare on a regular basis. The question used to define the indicator was: Is child currently having any type of childcare on a regular basis?


Currently go to childcare by mothers’ characteristics, children 0-5 years, NSW, 2009-2010

![Chart showing the percentage of children going to childcare by mother’s characteristics, with the least disadvantaged having the highest percentage at 39.6% and the most disadvantaged having the lowest at 36.3%.]

Note: Estimates are based on 1,501 respondents in NSW. For this indicator 7 (0.46%) were not stated (Don't know Refused) in NSW. The indicator includes those children who currently go to childcare on a regular basis. The question used to define the indicator was: Is child currently having any type of childcare on a regular basis?

Currently go to childcare by region and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,501), 2007-2008 (1,926), 2005-2006 (1,663), 2003-2004 (2,811), 2001 (3,610). The indicator includes those children who currently go to childcare on a regular basis. The question used to define the indicator was: Is child currently having any type of childcare on a regular basis?


Currently go to childcare by sex and year, children 0-5 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,501), 2007-2008 (1,926), 2005-2006 (1,663), 2003-2004 (2,811), 2001 (3,610). The indicator includes those children who currently go to childcare on a regular basis. The question used to define the indicator was: Is child currently having any type of childcare on a regular basis?

Types of childcare, children who currently attend childcare 0-5 years, NSW, 2009-2010

- Long day care centre: 69.0%
- Occasional care: 6.7%
- Friend: 0.5%
- Grandparent: 4.6%
- Nanny: 1.0%
- Babysitter: 0.8%
- Relative or family other than grandparent: 0.7%
- Family day care: 13.9%
- Other: 8.5%

Note: Estimates are based on 561 respondents in NSW. For this indicator 3 (0.53%) were not stated (Don't know Refused) in NSW. The questions used were: Have you ever used any childcare for child on a regular basis? Is child currently having any type of childcare on a regular basis? What type of childcare does child have? Respondents could mention more than 1 response. Percentages may total more than 100%.


Attendance at preschool or childcare with a preschool program by socioeconomic disadvantage, children 3-4 years, NSW, 2009-2010

- 5th Quintile most disadvantaged: 71.8%
- 4th Quintile: 84.3%
- 3rd Quintile: 84.6%
- 2nd Quintile: 75.3%
- 1st Quintile least disadvantaged: 90.5%
- NSW: 82.2%

Note: Estimates are based on 473 respondents in NSW. For this indicator 10 (2.07%) were not stated (Don't know Refused) in NSW. The indicator includes those children who are currently attending preschool or childcare that has a preschool program? The questions used to define the indicator were: (Before 2007) Does child go to pre-school? (From 2007) Does child go to preschool or attend a childcare that has a preschool program?

Attendance at preschool or childcare with a preschool program by mothers’ characteristics, children 3-4 years, NSW, 2009-2010

Note: Estimates are based on 473 respondents in NSW. For this indicator 10 (2.07%) were not stated (Don't know Refused) in NSW. The indicator includes those children who are currently attending preschool or childcare that has a preschool program? The questions used to define the indicator were: (Before 2007) Does child go to preschool? (From 2007) Does child go to preschool or attend a childcare that has a preschool program? 


Attendance at preschool or childcare with a preschool program by region and year, children 3-4 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (473), 2007-2008 (616), 2005-2006 (537), 2003-2004 (955), 2001 (1,264). The indicator includes those children who are currently attending preschool or childcare that has a preschool program? The questions used to define the indicator were: (Before 2007) Does child go to preschool? (From 2007) Does child go to preschool or attend a childcare that has a preschool program? 

Attendance at preschool or childcare with a preschool program by sex and year, children 3-4 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (473), 2007-2008 (616), 2005-2006 (537), 2003-2004 (955), 2001 (1,264). The indicator includes those children who are currently attending preschool or childcare that has a preschool program. The questions used to define the indicator were: (Before 2007) Does child go to pre-school? (From 2007) Does child go to preschool or attend a childcare that has a preschool program?


Frequency of reading to child, parents or carers of children 0-5 years, NSW, 2009-2010

Note: Estimates are based on 1,502 respondents in NSW. For this indicator 6 (0.40%) were not stated (Don't know Refused) in NSW. The questions used were: Do you or other members of your family read or look at books with child? In a typical week how often do you or other members of your family read or look at books with child?

**Read to child daily by socioeconomic disadvantage, parents or carers of children 0-5 years, NSW, 2009-2010**

Note: Estimates are based on 1,502 respondents in NSW. For this indicator 6 (0.40%) were not stated (Don’t know Refused) in NSW. The indicator includes those parents or carers who read or look at books with child daily. The questions used to define the indicator were: Do you or other members of your family read or look at books with child? In a typical week how often do you or other members of your family read or look at books with child?


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**Read to child daily by mothers’ characteristics, parents or carers of children 0-5 years, NSW, 2009-2010**

Note: Estimates are based on 1,502 respondents in NSW. For this indicator 6 (0.40%) were not stated (Don’t know Refused) in NSW. The indicator includes those parents or carers who read or look at books with child daily. The questions used to define the indicator were: Do you or other members of your family read or look at books with child? In a typical week how often do you or other members of your family read or look at books with child?

Read to child daily by region and year, parents or carers of children 0-5 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,502), 2007-2008 (1,900), 2005-2006 (1,653), 2003-2004 (1,202). The indicator includes those parents or carers who read or look at books with child daily. The questions used to define the indicator were: Do you or other members of your family read or look at books with child? In a typical week how often do you or other members of your family read or look at books with child?


Read to child daily by sex and year, parents or carers of children 0-5 years, NSW, 2003-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (1,502), 2007-2008 (1,900), 2005-2006 (1,653), 2003-2004 (1,202). The indicator includes those parents or carers who read or look at books with child daily. The questions used to define the indicator were: Do you or other members of your family read or look at books with child? In a typical week how often do you or other members of your family read or look at books with child?

Parental support

Introduction

The ability of a family to function well affects the health and wellbeing of children, and many aspects of family life including: acceptance of individuals, consensus on decisions, communication, and the ability to solve day-to-day problems. How a family functions is influenced by many factors, including quality of relationships, the health of family members, and the presence of employment, financial constraints, and life stresses. The enhancement of family functioning is a national and state priority.

Parental support services are known to affect family functioning and influence a range of health and social outcomes for children. In the New South Wales Child Health Survey 2001, parents and carers identified a wide range of parental support services accessed, including: early childhood nurses, early childhood centres, general practitioners, play groups, counselling services, hospital services, telephone help lines, formal parenting groups, family support services, church organisations, daycare centres, pre-schools and schools, speech therapists, community health services, family and friends, paediatricians, early intervention services, and support groups.[1]

Results

Graphs for these indicators show need for parental support services, and use of those services, for parents or carers of children aged 1-5 years by sex, socioeconomic disadvantage, geographical location, and year. Results for these indicators include:

- **Need for parental support services:** 22.6 per cent of parents or carers of children aged 1-15 years had ever felt the need for parental support services (22.2 per cent 1-8 years; 22.9 per cent 9-15 years; 25.6 per cent male; 19.3 per cent female; 22.5 per cent metropolitan; 22.6 per cent rural-regional). There has been a significant decrease in the proportion of parents or carers of children aged 1-15 years who had ever felt the need for parental support services between 2001 and 2009-2010 (30.9 per cent to 22.6 per cent).

- **Use of parental support services:** 77.9 per cent of parents or carers of children aged 1-15 years who needed parental support services used those services (78.6 per cent 1-8 years; 77.1 per cent 9-15 years; 78.0 per cent male; 77.7 per cent female; 78.3 per cent metropolitan; 77.0 per cent rural-regional). There has been no significant change in the proportion of parents or carers of children aged 1-15 years who needed and used parental support services between 2001 and 2009-2010.

References


WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Need for support services by socioeconomic disadvantage, parents or carers of children 1-15 years, NSW, 2009-2010

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</tr>
</tbody>
</table>

Note: Estimates are based on 3,902 respondents in NSW. For this indicator 15 (0.38%) were not stated (Don’t know/Refused) in NSW. The indicator includes parents or carers who needed support services to assist in caring for their child. The question used to define the indicator was: Have you ever felt the need for any type of support services to assist in caring for child or dealing with problems you may have experienced with child? Support services include Karitane, Tresillian, early childhood health services, family support services, and counsellors.


Need for support services by region and year, parents or carers of children 1-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,902), 2007-2008 (1,950), 2005-2006 (2,203), 2003-2004 (2,644), 2001 (8,676). The indicator includes parents or carers who needed support services to assist in caring for their child. The question used to define the indicator was: Have you ever felt the need for any type of support services to assist in caring for child or dealing with problems you may have experienced with child? Support services include Karitane, Tresillian, early childhood health services, family support services, and counsellors.

Need for support services by sex and year, parents or carers of children 1-15 years, NSW, 2001-2010

Note: Estimates are based on the following numbers of respondents for NSW: 2009-2010 (3,902), 2007-2008 (1,950), 2005-2006 (2,203), 2003-2004 (2,644), 2001 (8,676). The indicator includes parents or carers who needed support services to assist in caring for their child. The question used to define the indicator was: Have you ever felt the need for any type of support services to assist in caring for child or dealing with problems you may have experienced with child? Support services include Karitane, Tresillian, early childhood health services, family support services, and counsellors.


Used support services by socioeconomic disadvantage, parents or carers who needed support services of children 1-15 years, NSW, 2009-2010

Note: Estimates are based on 924 respondents in NSW. For this indicator 3 (0.32%) were not stated (Don't know Refused) in NSW. The indicator includes parents or carers of children who used support services to assist in caring for their child. The question used to define the indicator was: Have you ever used any support services? Support services include Karitane, Tresillian, early childhood health services, family support services, and counsellors.

### Used support services by region and year, parents or carers who needed support services of children 1-15 years, NSW, 2001-2010

#### 1-8 years

- **Per cent**
- **Year**: 2001, 2005-06, 2007-08, 2009-10
- **NSW**, **Metro**, **Rural**

#### 9-15 years

- **Per cent**
- **Year**: 2001, 2005-06, 2007-08, 2009-10
- **NSW**, **Metro**, **Rural**

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (924), 2007-2008 (518), 2005-2006 (565), 2001 (2,732). The indicator includes parents or carers of children who used support services to assist in caring for their child. The question used to define the indicator was: Have you ever used any support services? Support services include Karitane, Tresillian, early childhood health services, family support services, and counsellors.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

### Used support services by sex and year, parents or carers who needed support services of children 1-15 years, NSW, 2001-2010

#### 1-8 years

- **Per cent**
- **Year**: 2001, 2005-06, 2007-08, 2009-10
- **Persons**, **Males**, **Females**

#### 9-15 years

- **Per cent**
- **Year**: 2001, 2005-06, 2007-08, 2009-10
- **Persons**, **Males**, **Females**

**Note:** Estimates are based on the following numbers of respondents for NSW: 2009-2010 (924), 2007-2008 (518), 2005-2006 (565), 2001 (2,732). The indicator includes parents or carers of children who used support services to assist in caring for their child. The question used to define the indicator was: Have you ever used any support services? Support services include Karitane, Tresillian, early childhood health services, family support services, and counsellors.

**Source:** New South Wales Child Health Survey 2009-2010 (HOIST). NSW Ministry of Health.

**WARNING:** Estimates out of date. Please check HealthStats NSW for latest estimates.
Trends

- Trends in health behaviours
- Trends in health status
- Trends in health services
- Trends in social determinants of health

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
Trends in child health

Health behaviours

Health behaviours influence child health and wellbeing from the antenatal period and beyond. Parental health behaviours directly influence children in the early years. Child health behaviours affect health in later life, because behaviours in childhood influence behaviours in adulthood, and because the beginnings of many chronic diseases may occur in childhood. There have been significant changes in some indicators of health behaviour, while other indicators have not changed significantly.

There have been significant increases in: infants breastfed at 12 months, infants fully breastfed at 6 months, infants exclusively breastfed at 6 months, parents and carers who took action following child’s attendance at a fire education program at school, infants being placed on their back to sleep from birth, children consuming the recommended daily fruit intake, children consuming the recommended daily vegetable intake, children consuming 2 or more cups of milk a day, children consuming the recommended daily dairy intake, children living in smoke-free homes, parents or carers with cars who ban smoking in their car, and children who did not get sunburnt last summer.

There have been significant decreases in: mothers who introduced solids to their infants before 6 months of age, mothers who introduced breastmilk substitutes to their infants before 6 months of age, parents or carers who strongly or generally support childhood immunisation, parents or carers who had ever ever heard about the Fresh Tastes @ School healthy school canteen strategy, and children who used electronic media for entertainment at home for more than 2 hours a day.

The following indicators have not significantly changed: infants ever breastfed, mothers who took folate supplements 1 month before and during the first trimester of pregnancy, children who were up-to-date with immunisation, children who participated in a fire education program at school, children who usually consume lower fat or skim milks, food insecurity in the last 12 months, and children who did 1 or more hours of physical activity outside of school.

Health status

Monitoring the health status of a population helps detect emerging patterns of illness and disease and provides information to inform health policy and planning of health services. There have been significant changes in some indicators of health status, while other indicators have not changed significantly.

There have been significant increases in: children who were obese, according to BMI calculated from parent-reported height and weight.

There have been significant decreases in: children ever diagnosed with asthma, children with current asthma, and children who were overweight, according to BMI calculated from parent-reported height and weight.

The following indicators have not significantly changed: children with positive self-reported health status, children with current asthma who have a written asthma action plan, children with normal vision in both eyes, children who are at substantial risk of developing a clinically significant behavioural problem, children who visited a dental professional in the last 12 months, and children who overweight or obese, according to BMI calculated from parent-reported height and weight.

Health services

Information about the use of and satisfaction with health services assists in formulating health policy and health service planning. There have been significant changes in some health service indicators, while other indicators have not changed significantly.

There have been significant increases in: difficulties getting health care when needing it and home visit from a child or community nurse.

There has been no significant change in: private health insurance coverage, early childhood health centre attendance, positive rating of early childhood health centre care, and regularly seeing a baby or early childhood health nurse.
Social determinants of health

The health and wellbeing of children is strongly influenced by social and family circumstances. The context in which children live their lives, including family, school, and community environments, and how these settings interact, is crucial to their health and wellbeing. There have been significant changes in some indicators of the social determinants of health, while other indicators have not changed significantly.

There have been significant increases in: the proportion of children who had ever participated in early childhood activities, the proportion of children who had ever attended a preschool or childcare with a preschool program, and the proportion of parents or cares who read to child daily.

There have been significant decreases in: the proportion of children who had ever been to childcare, the proportion of children who currently go to childcare, and proportion of parents or carers who felt the need for support services.

There has been no significant change in: the proportion of children who currently participate in early childhood activities, the proportion of parents or carers who needed and used support services.

The future

## Trends in health behaviours, NSW, 2001-2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>Metro % (95% CI)</th>
<th>Rural % (95% CI)</th>
<th>All % (95% CI)</th>
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<tr>
<td><strong>Ever breastfed, children 0-23 months</strong></td>
<td>2001</td>
<td>89.6 (86.5-92.7)</td>
<td>92.1 (89.7-94.4)</td>
<td>90.3 (88.5-92.6)</td>
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<td>89.6 (85.5-93.7)</td>
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<td><strong>Breastfed at 12 months, children 0-23 months</strong></td>
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<td><strong>Fully breastfed at 6 months, children 0-23 months</strong></td>
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<td><strong>Exclusively breastfed at 6 months, children 0-23 months</strong></td>
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<td><strong>Introduced solids before 6 months, children 0-23 months</strong></td>
<td>2001</td>
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<td><strong>Introduced breastmilk substitutes before 6 months, children 0-23 months</strong></td>
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<td><strong>Took folate supplements 1 month before and during the first 3 months of pregnancy, mothers of infants 0-11 months</strong></td>
<td>2001</td>
<td>53.1 (46.2-59.9)</td>
<td>43.6 (36.0-51.3)</td>
<td>50.3 (44.5-55.6)</td>
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<td>54.4 (46.8-62.0)</td>
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<tr>
<td><strong>Strongly or generally supports childhood immunisation, parents or carers of children 2 months to 4 years</strong></td>
<td>2001</td>
<td>98.1 (97.0-99.0)</td>
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<td>2003-2004</td>
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<td>95.8 (94.1-97.6)</td>
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<td>2005-2006</td>
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<td>94.1 (91.2-96.9)</td>
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<td>2007-2008</td>
<td>90.7 (88.8-92.8)</td>
<td>93.1 (90.4-96.0)</td>
<td>92.4 (90.6-94.3)</td>
</tr>
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<td><strong>Up-to-date with immunisations, children 2 months to 4 years</strong></td>
<td>2001</td>
<td>78.0 (74.8-81.1)</td>
<td>82.3 (78.7-85.6)</td>
<td>80.0 (76.4-83.6)</td>
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<td>2003-2004</td>
<td>78.2 (74.9-81.5)</td>
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<td>80.7 (77.1-84.3)</td>
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<td>78.1 (73.2-82.9)</td>
<td>85.1 (81.5-88.7)</td>
<td>81.0 (77.5-84.5)</td>
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<td>Indicator</td>
<td>Year</td>
<td>Metro % (95% CI)</td>
<td>Rural % (95% CI)</td>
<td>All % (95% CI)</td>
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<td>--------------------------------------------------------------------------</td>
<td>--------------</td>
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<tr>
<td>Smoke-free households, parents or carers of children 0-15 years</td>
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<td>44.7 (42.0-47.5)</td>
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<td>2011</td>
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<td>96.3 (95.4-97.1)</td>
<td>94.0 (92.7-95.2)</td>
<td>95.5 (94.8-96.3)</td>
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<tr>
<td>Bans smoking in car, parents or carers of children 0-15 years with a car</td>
<td>2003-2004</td>
<td>91.6 (90.3-92.9)</td>
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<td>2005-2006</td>
<td>92.0 (90.8-93.2)</td>
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<td>96.6 (95.7-97.5)</td>
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<td>Did not get sunburnt last summer, children 0-15 years</td>
<td>2003-2004</td>
<td>57.8 (54.2-61.5)</td>
<td>55.7 (51.5-60.0)</td>
<td>56.2 (54.3-60.0)</td>
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<td>2009-2010</td>
<td>64.1 (65.0-71.1)</td>
<td>59.8 (51.9-59.8)</td>
<td>62.4 (61.7-66.6)</td>
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<td>Easy to find shade in sporting areas, parents or carers of children 0-15 years</td>
<td>2009-2010</td>
<td>54.9 (51.6-59.2)</td>
<td>48.3 (44.7-52.3)</td>
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<td>Easy to find shade at public pool, parents or carers of children 0-15 years</td>
<td>2009-2010</td>
<td>68.6 (65.0-71.2)</td>
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<td>Easy to find shade at public park, parents or carers of children 0-15 years</td>
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<td>72.4 (69.6-75.0)</td>
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WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.
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<th>Indicator</th>
<th>Year</th>
<th>Metro % (95% CI)</th>
<th>Rural % (95% CI)</th>
<th>All % (95% CI)</th>
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<tr>
<td>Excellent, very good, or good parent-reported health status, children 5-15 years</td>
<td>2001</td>
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<td>90.5 (88.8-92.3)</td>
<td>91.3 (90.1-92.4)</td>
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<td>Ever diagnosed with asthma, children 2-15 years</td>
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<td>26.1 (24.3-27.9)</td>
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<td>24.9 (23.3-26.6)</td>
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| Source: New South Wales Child Health Survey 2009-2010 (HOIST), NSW Ministry of Health.
### Trends in health services, NSW, 2001-2010

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<th>Rural</th>
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### Trends in social determinants of health, NSW, 2001-2010

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<td>80.7 (78.6-82.8)</td>
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<tr>
<td></td>
<td>2003-2004</td>
<td>78.1 (73.1-83.1)</td>
<td>76.5 (70.4-82.2)</td>
<td>77.9 (73.7-81.6)</td>
</tr>
<tr>
<td></td>
<td>2005-2006</td>
<td>78.1 (72.8-83.4)</td>
<td>69.8 (62.9-76.6)</td>
<td>75.3 (71.0-79.5)</td>
</tr>
<tr>
<td></td>
<td>2007-2008</td>
<td>78.1 (72.8-83.4)</td>
<td>70.0 (63.4-78.5)</td>
<td>76.3 (72.7-80.0)</td>
</tr>
</tbody>
</table>

**Source:** New South Wales Child Health Survey, 2009-2010 (HOIST). NSW Ministry of Health.