



# Growing Up in Ireland

National Longitudinal  
Study of Children

## Growing Up In Ireland Research Conference 2009



# The Health of 9-Year-Olds

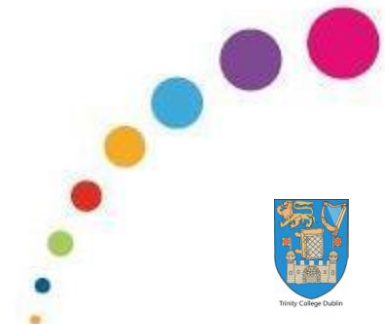


# Introduction

- **GUI provides some of the first nationally representative data on children's health status and healthcare utilisation.**
- **Substantial details on physical and health development. Much on basis of maternal report.**
- **Substantial detail on healthcare use and access to services.**

# Structure of Presentation

- **Child's health status**
- **Chronic illness**
- **Oral health and healthcare**
- **BMI, obesity and food consumption**
- **GP utilisation**
- **Dental care utilisation**
- **Accidents**
- **Summary / Conclusions**



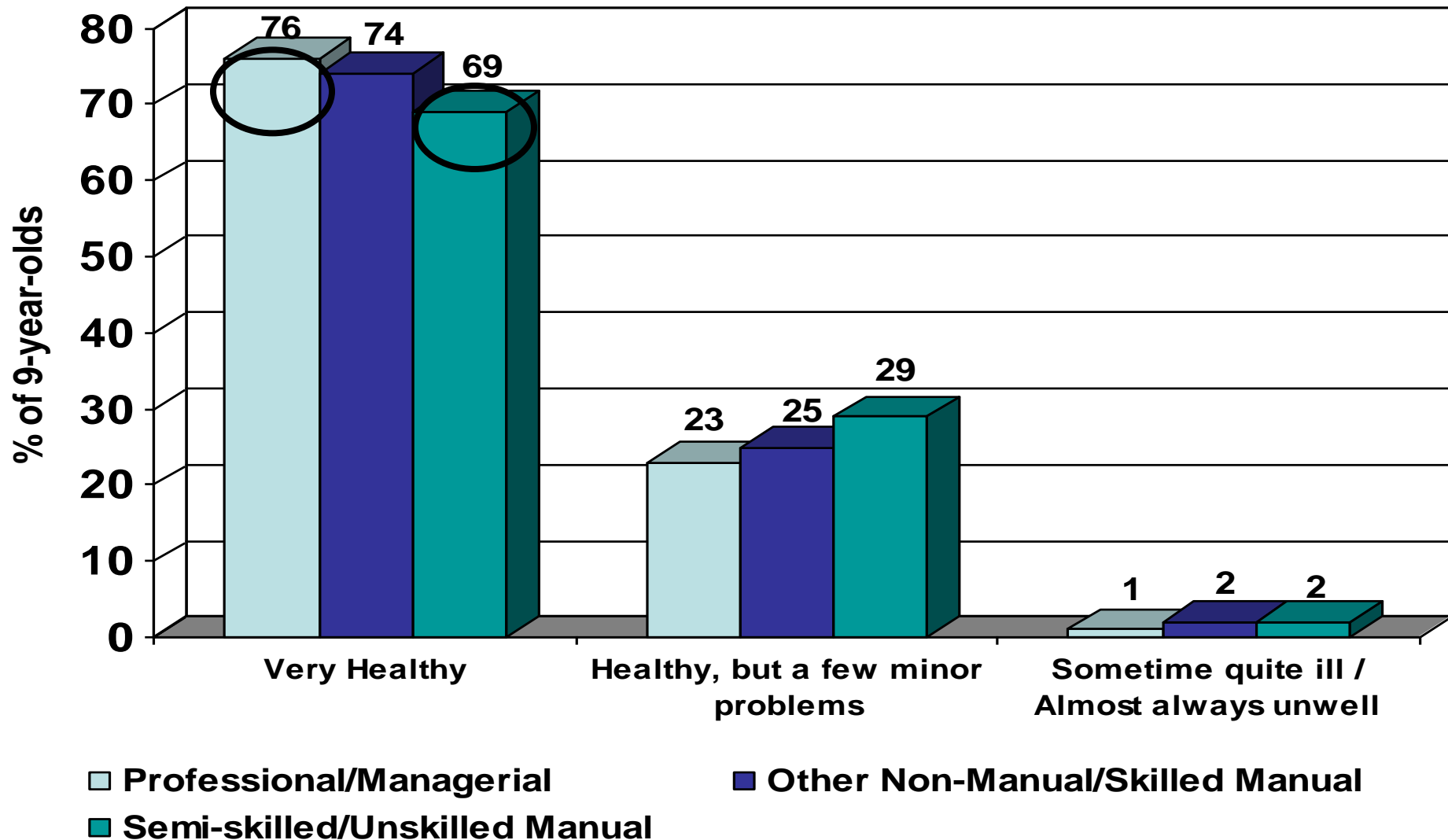
# Foundations of health

- **Shaped by**
  - Biological
  - Psychological
  - Environmental
  - Social
  - Spiritual
- **Health outcomes**
  - Interaction of genetic & environment
    - Plans to develop genetic arm of this study
  - Begin in womb - perhaps earlier

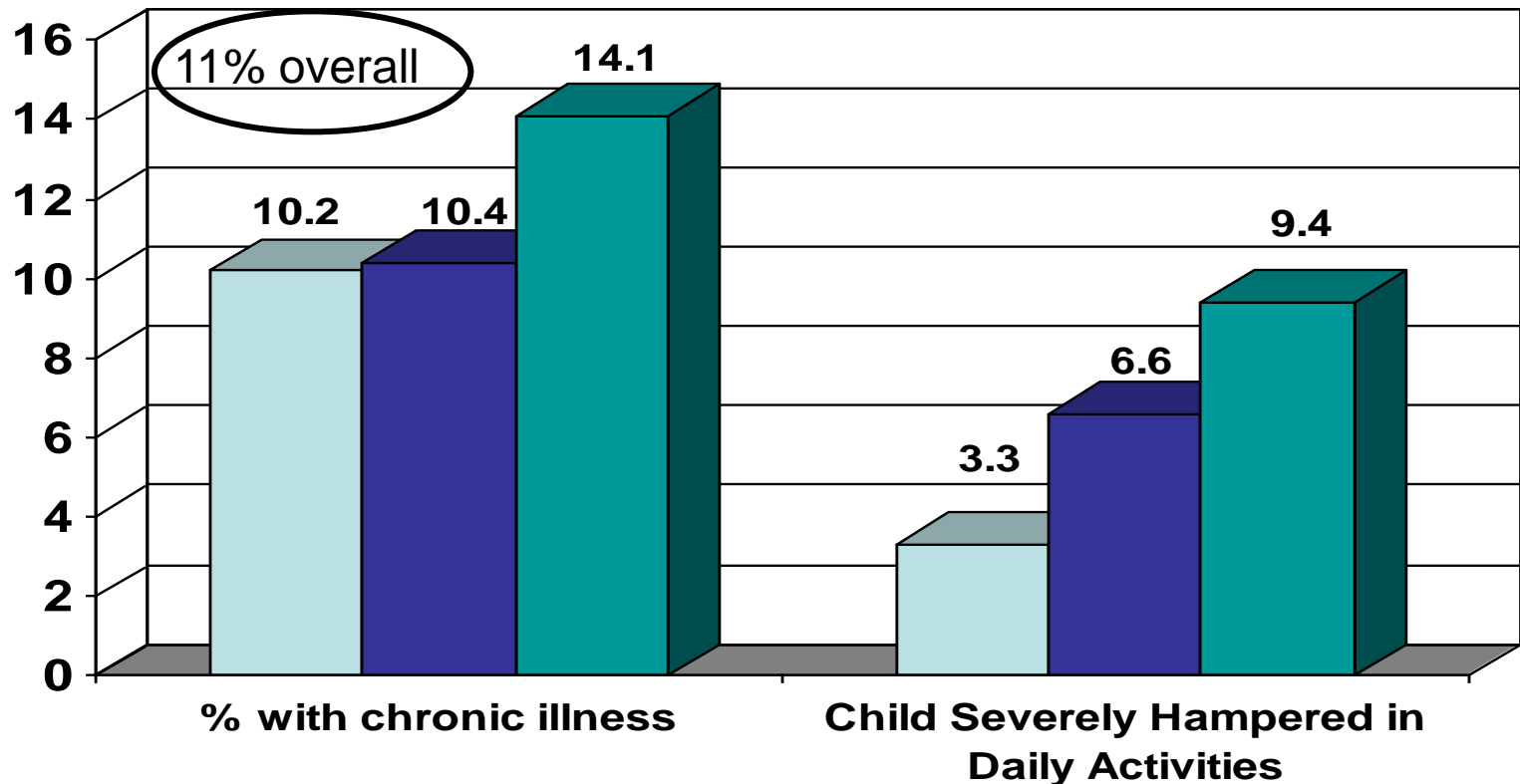
# Good child health

- **A national asset**
- **Important for their wellbeing & development**
- **Good predictor of adult health**
- **Sensitive to socioeconomic variations**

# What do mothers think of their child's health?



# Prevalence of chronic illness and impact on daily activities



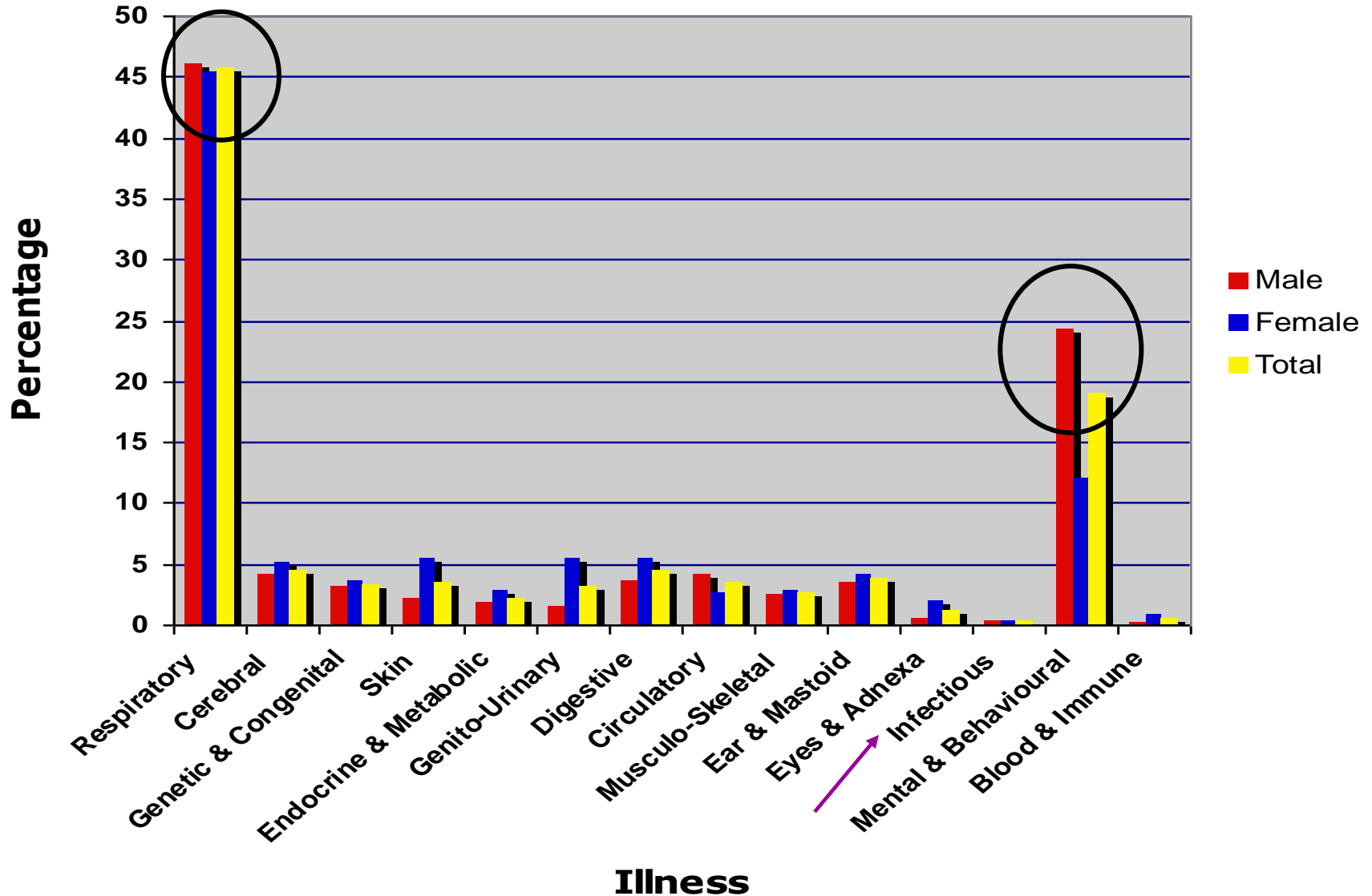
Professional/Managerial

Other Non-Manual/Skilled Manual

Semi-skilled/Unskilled Manual

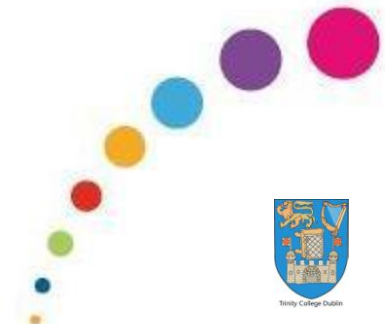


# Chronic illnesses and child's gender



# Strengths & Difficulties Questionnaire (SDQ)

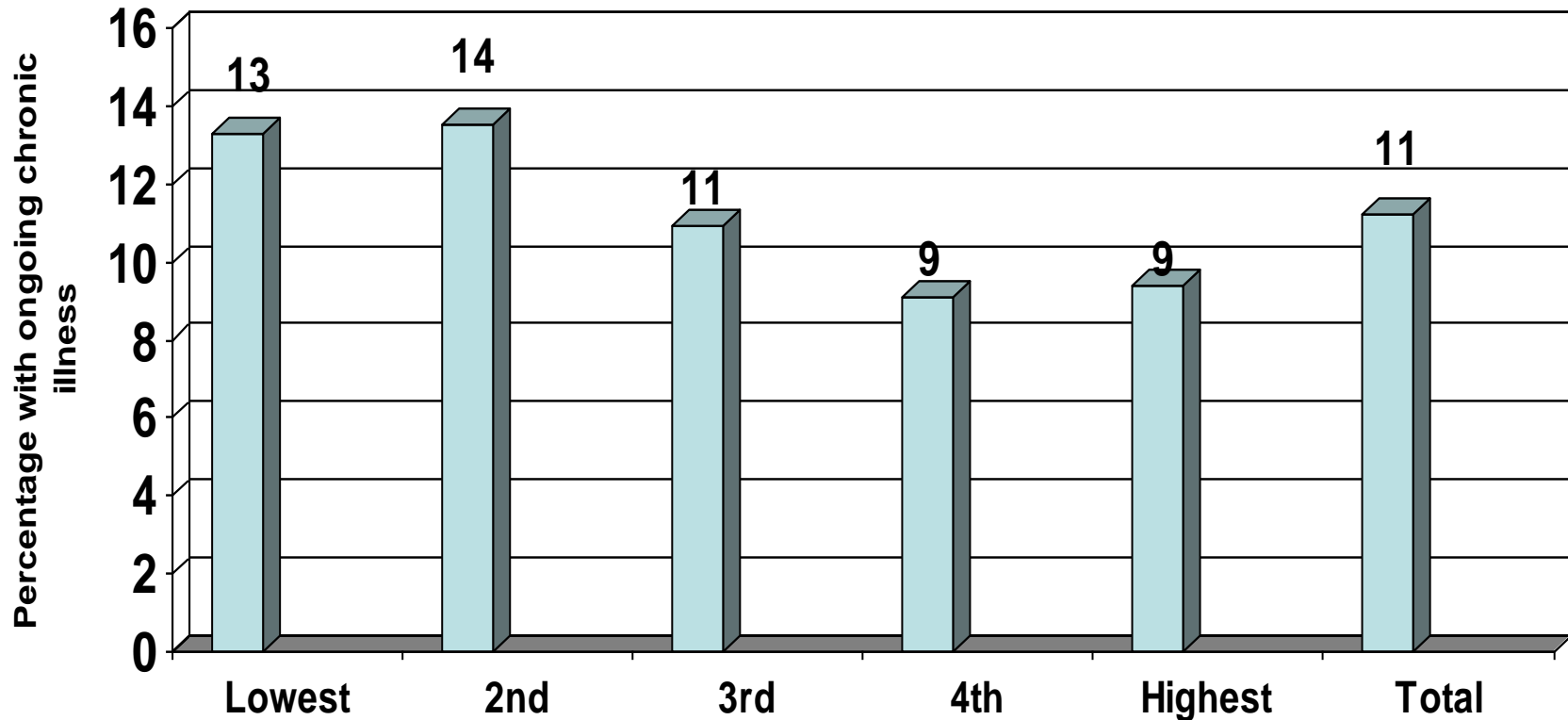
- **Short behavioural screening questionnaire**
- **Used by clinicians & educationalists**
  - 3 - 16 year olds
- **5 domains**
  - Emotional
  - Conduct
  - Hyperactivity/inattention
  - Peer relationships
  - Prosocial behaviour



# Chronic illness & (SDQ)

Domain	Abnormal SDQ Scores (%)	
	No chronic illness	Chronic illness
Emotional	12.5	25.8
Conduct	8.7	17.2
Hyperactivity	9.9	25.6
Peer problem	6.9	20.4
Prosocial	1.1	3.1
Total	5.5	20.0

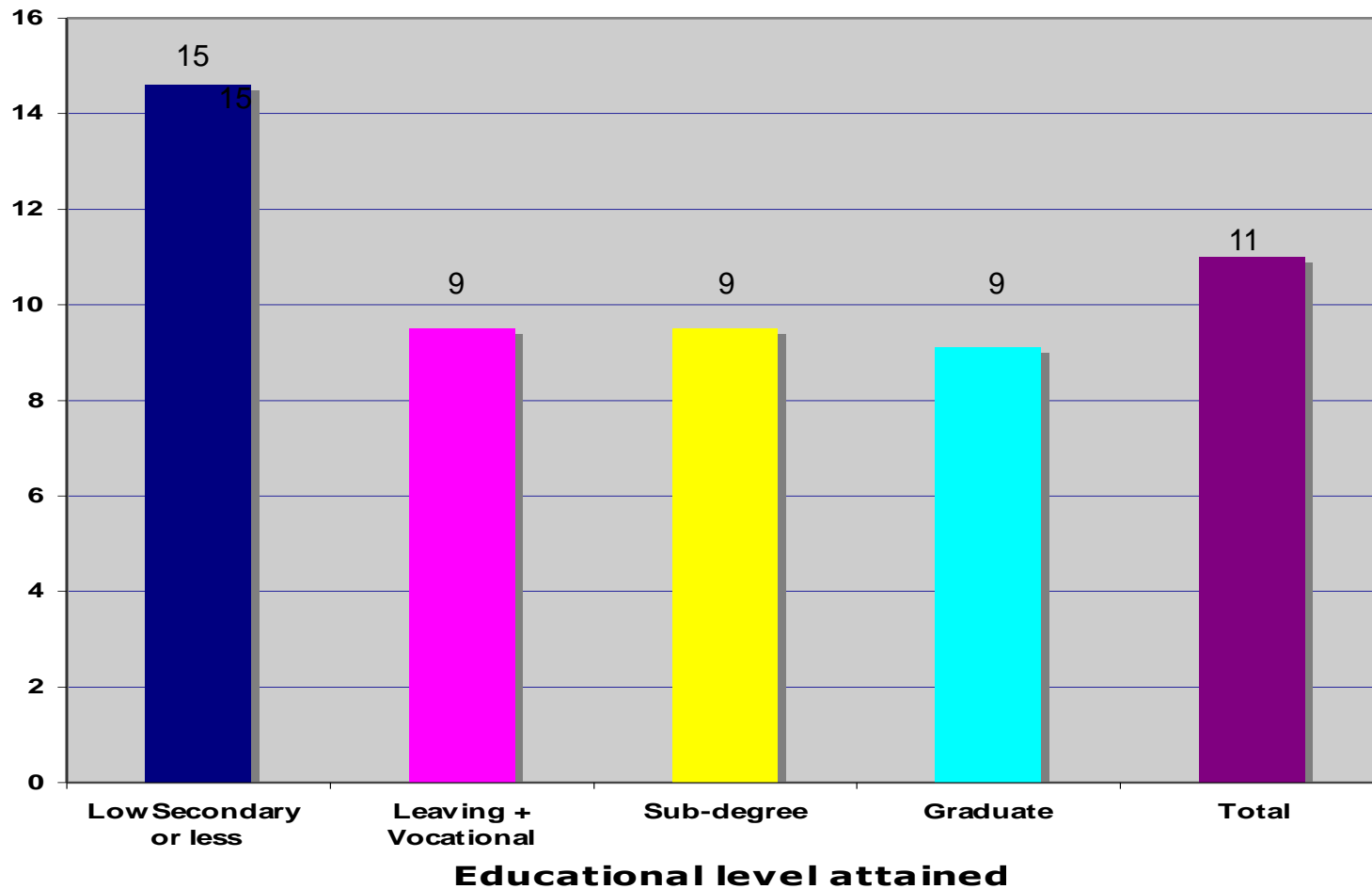
# Chronic illness & family income



Household Annual Income Quintiles

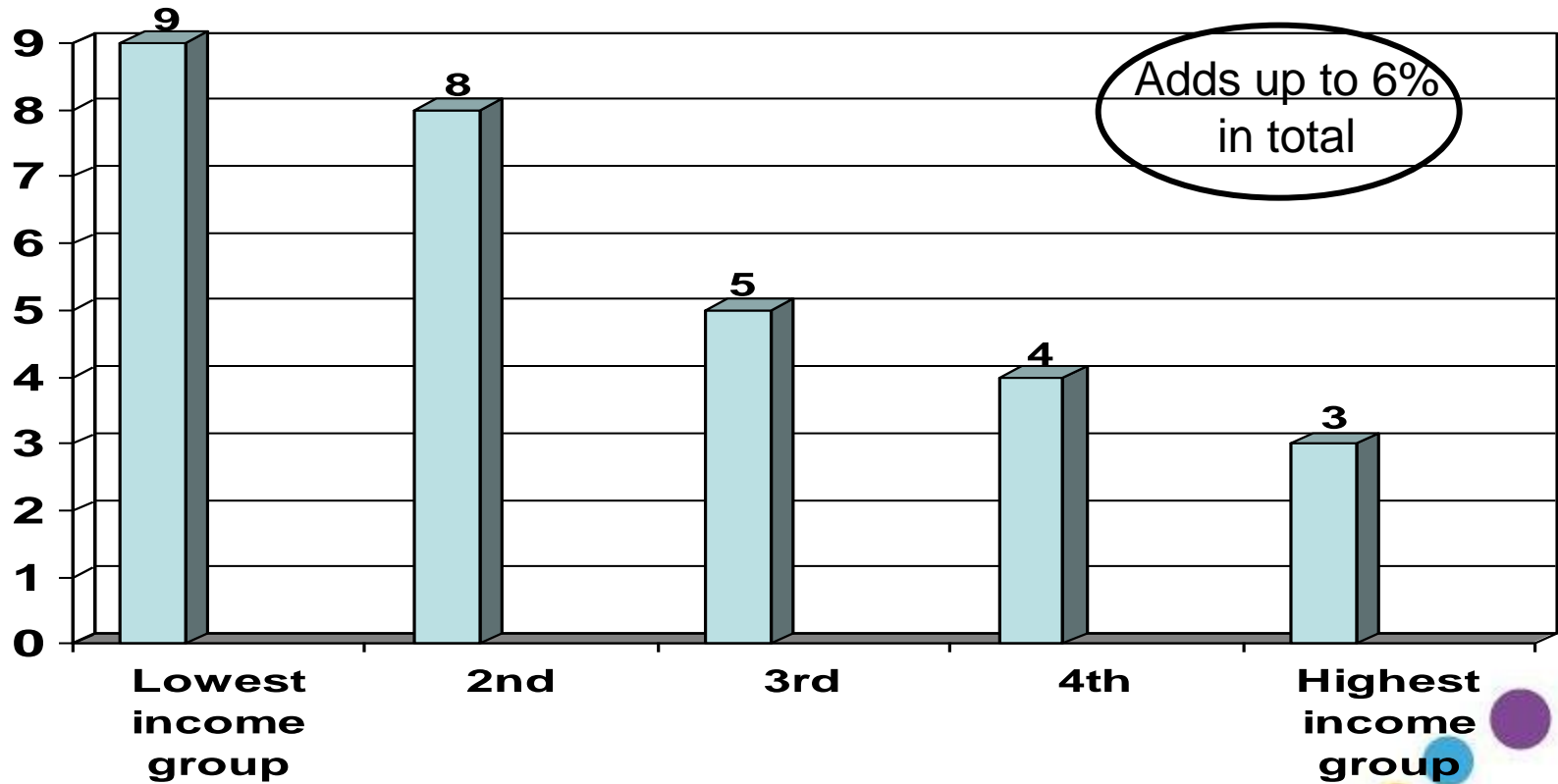
# Chronic illness & mother's education

**Chronic Illness and Mother's Education**

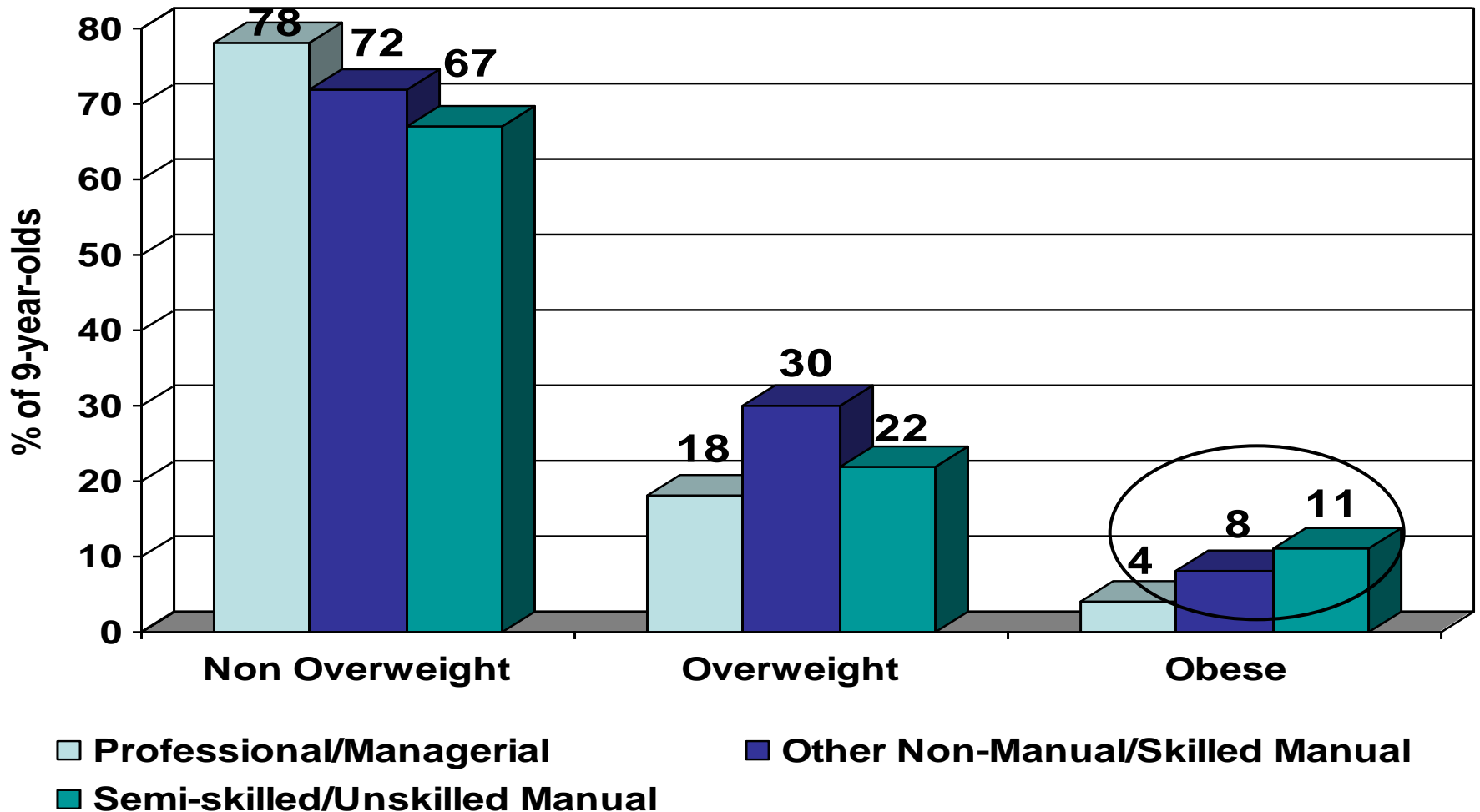


# Oral Healthcare

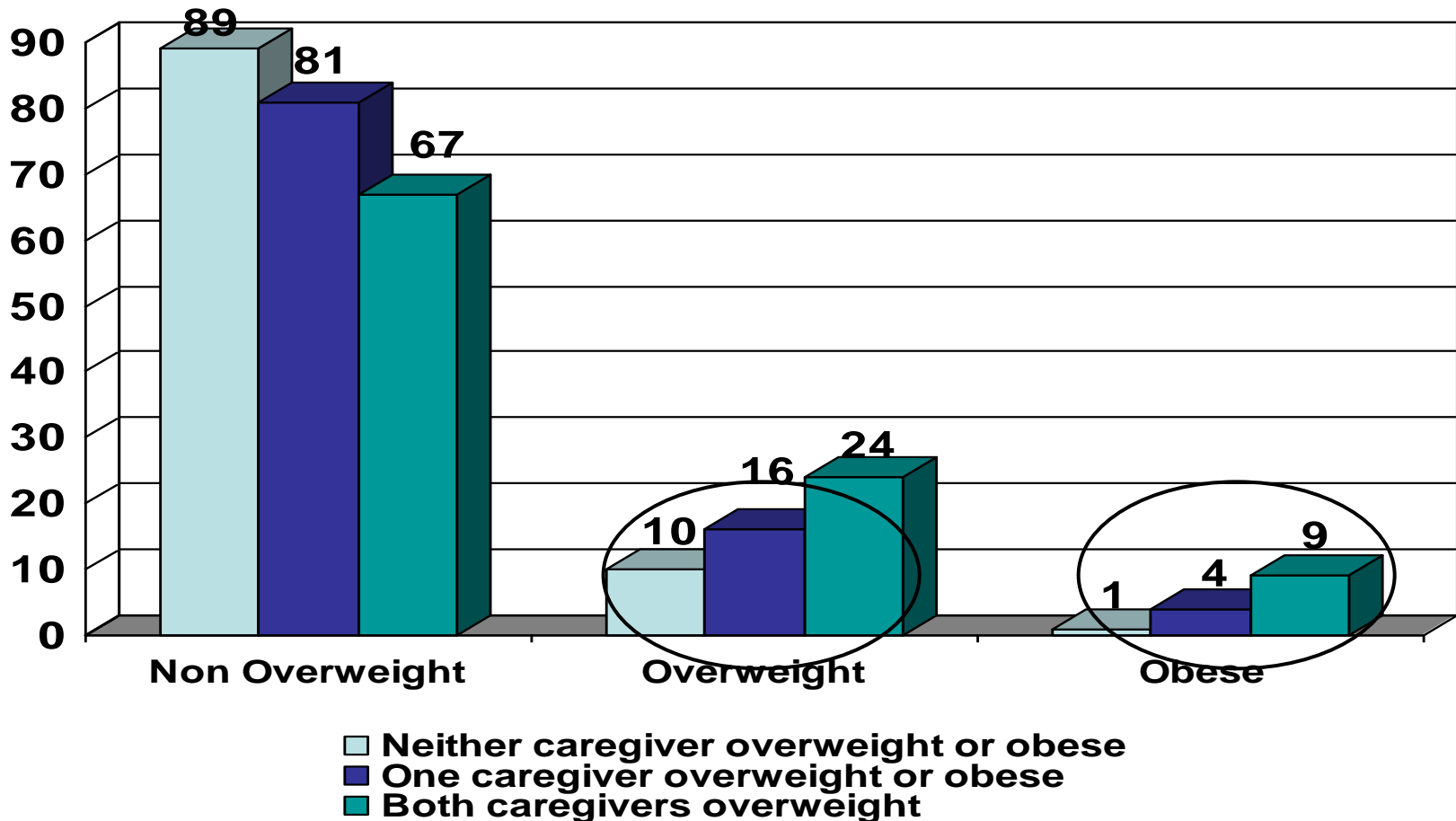
Children not brushing their teeth at least once per day by income



# Child's weight and BMI



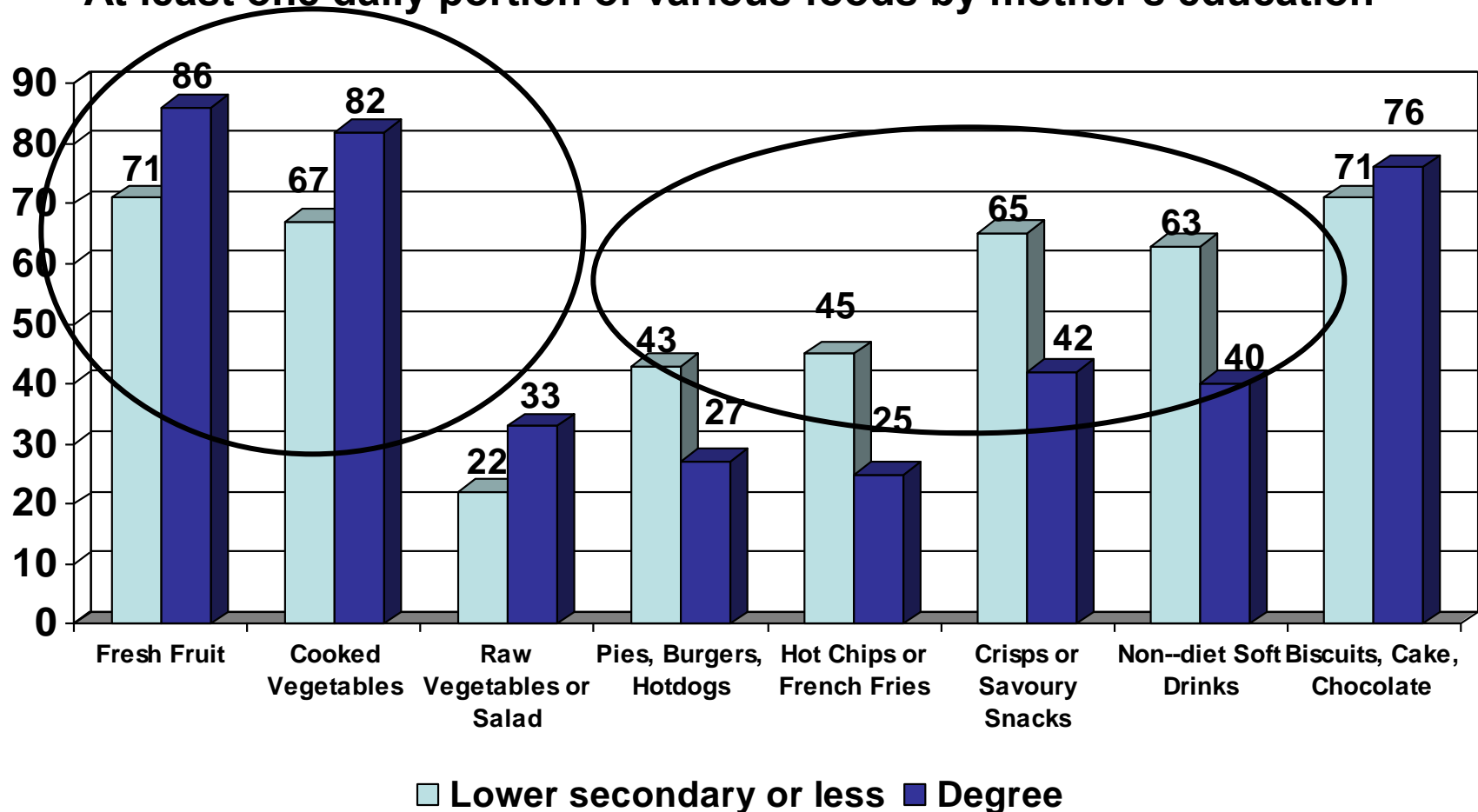
# Influence of Parental BMI on the child's BMI





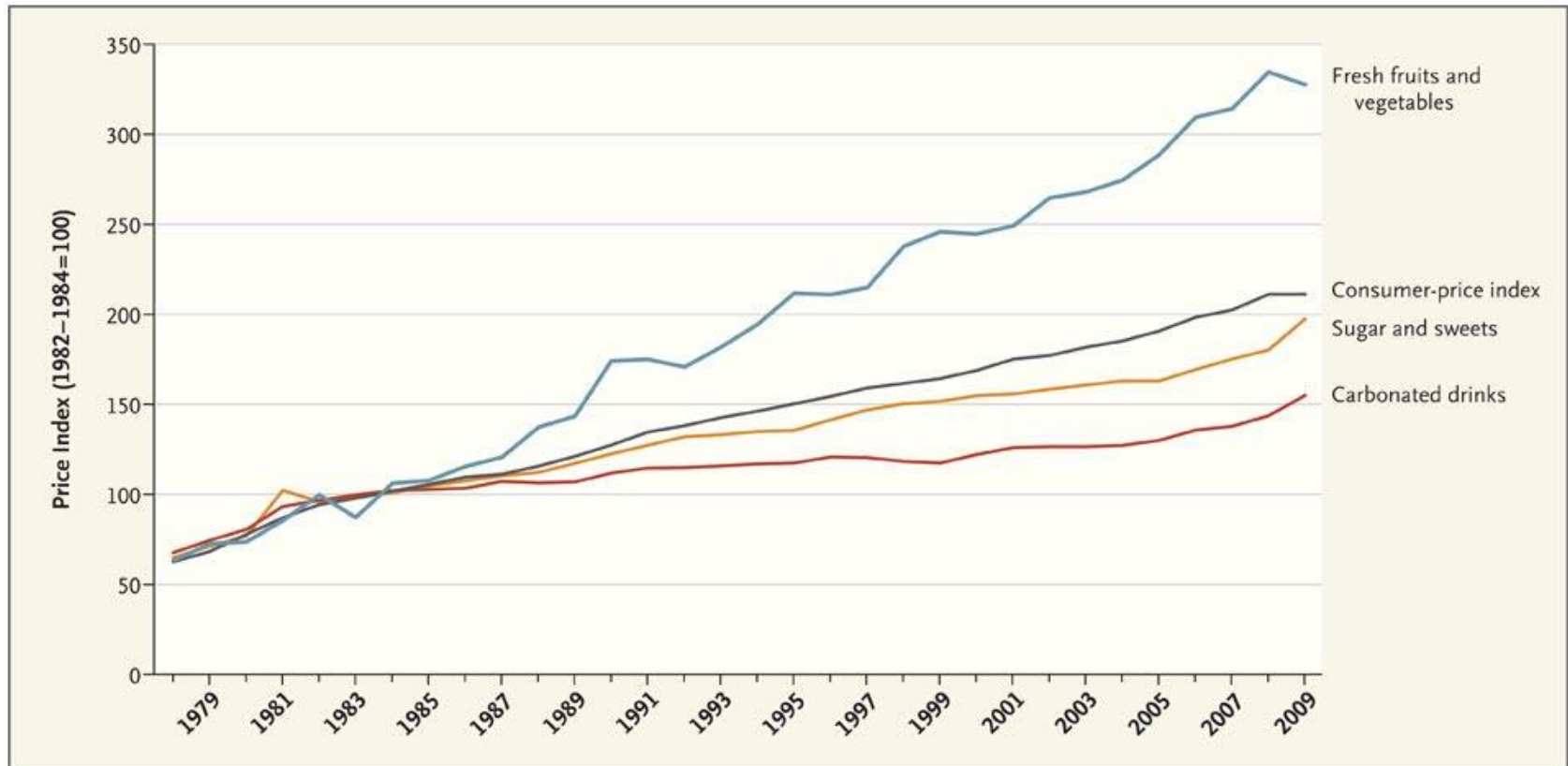
# Food consumption and mother's education

At least one daily portion of various foods by mother's education



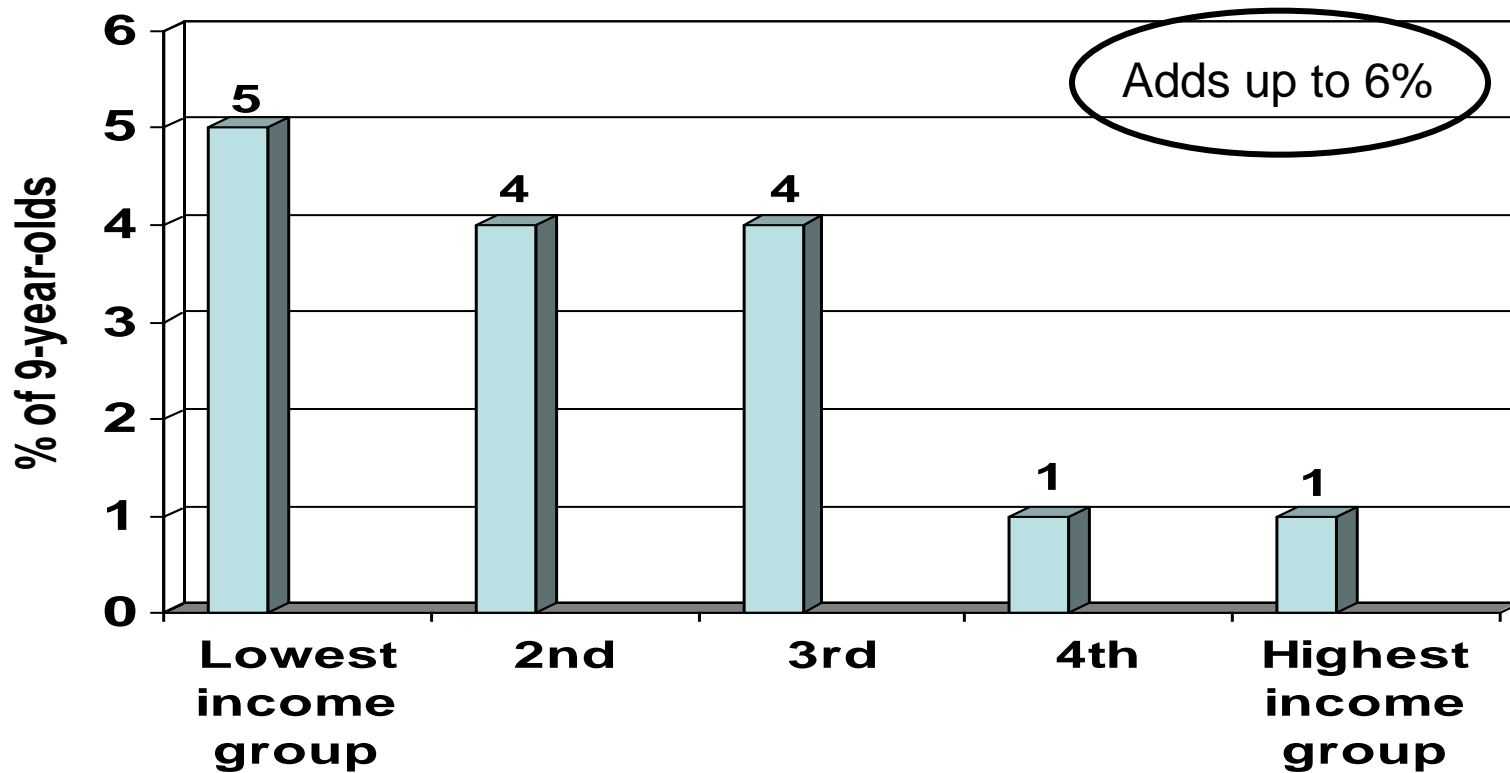
# Prices of fruit & veg, sugar & sweets, fizzy drinks over 30 years in US.

NEJM 18: 360;2009



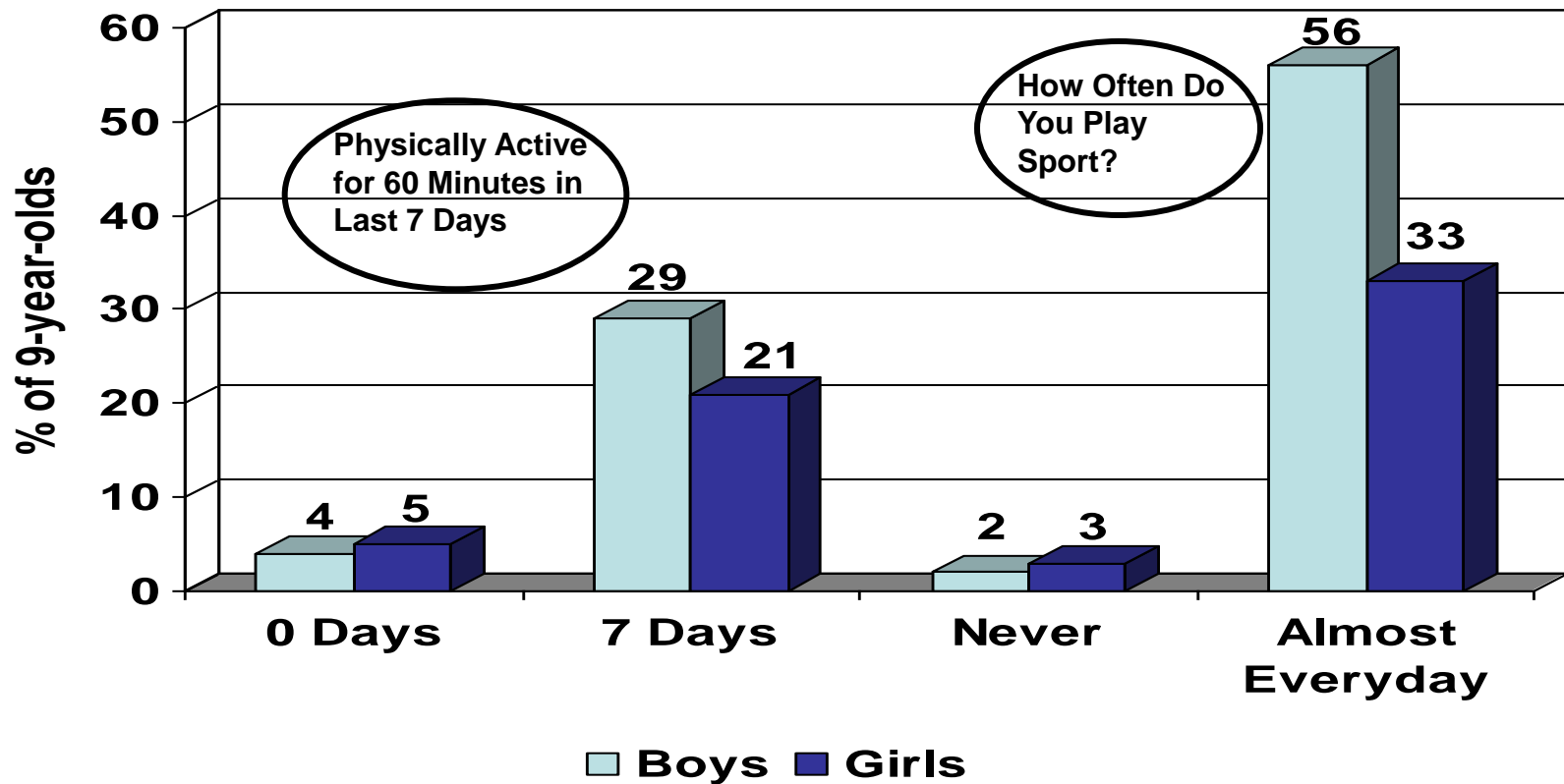
# Eating Breakfast

Percentage of Children not Eating Breakfast by Family Income



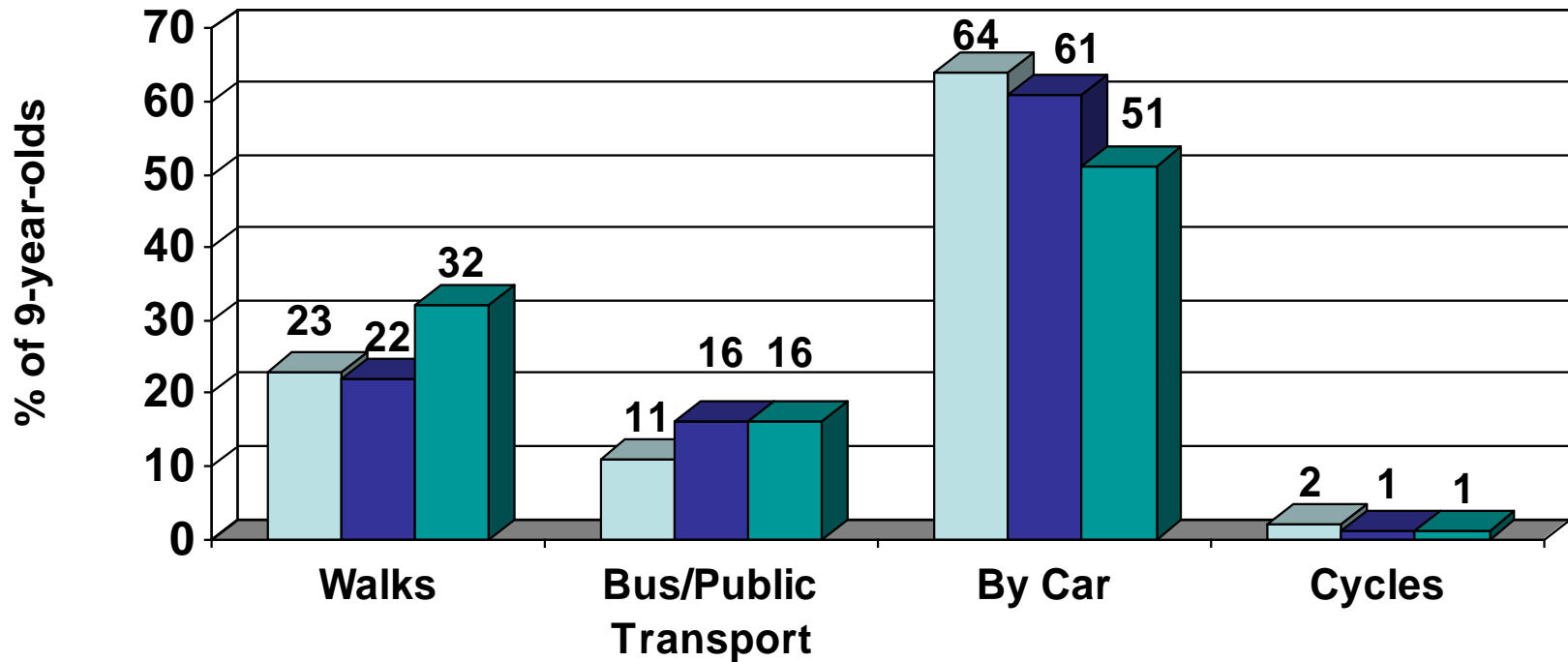
# Physical Activity & Sport

Physical activity levels and sports activity classified by sex



# Getting to School

Usual mode of transport to school by family social class



Child's Mode of Transport to School

Professional/Managerial

Other Non-Manual/Skilled Manual

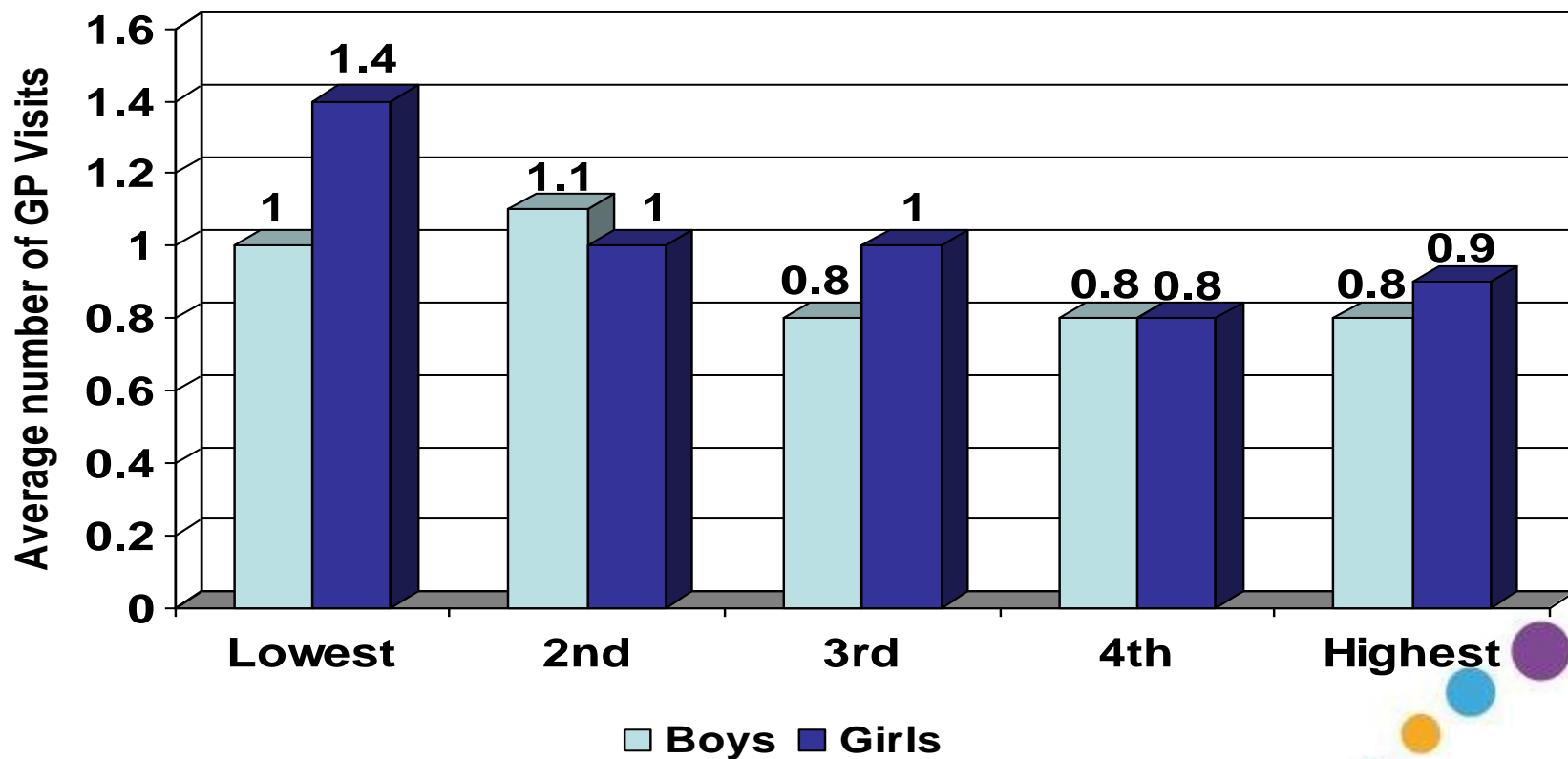
Semi-skilled/Unskilled Manual

# General Practitioner Care

- Degree of access to GP's can influence use of other services
- Financing of GP care has raised concerns about access
- Irish studies of adults show important income and medical card effects

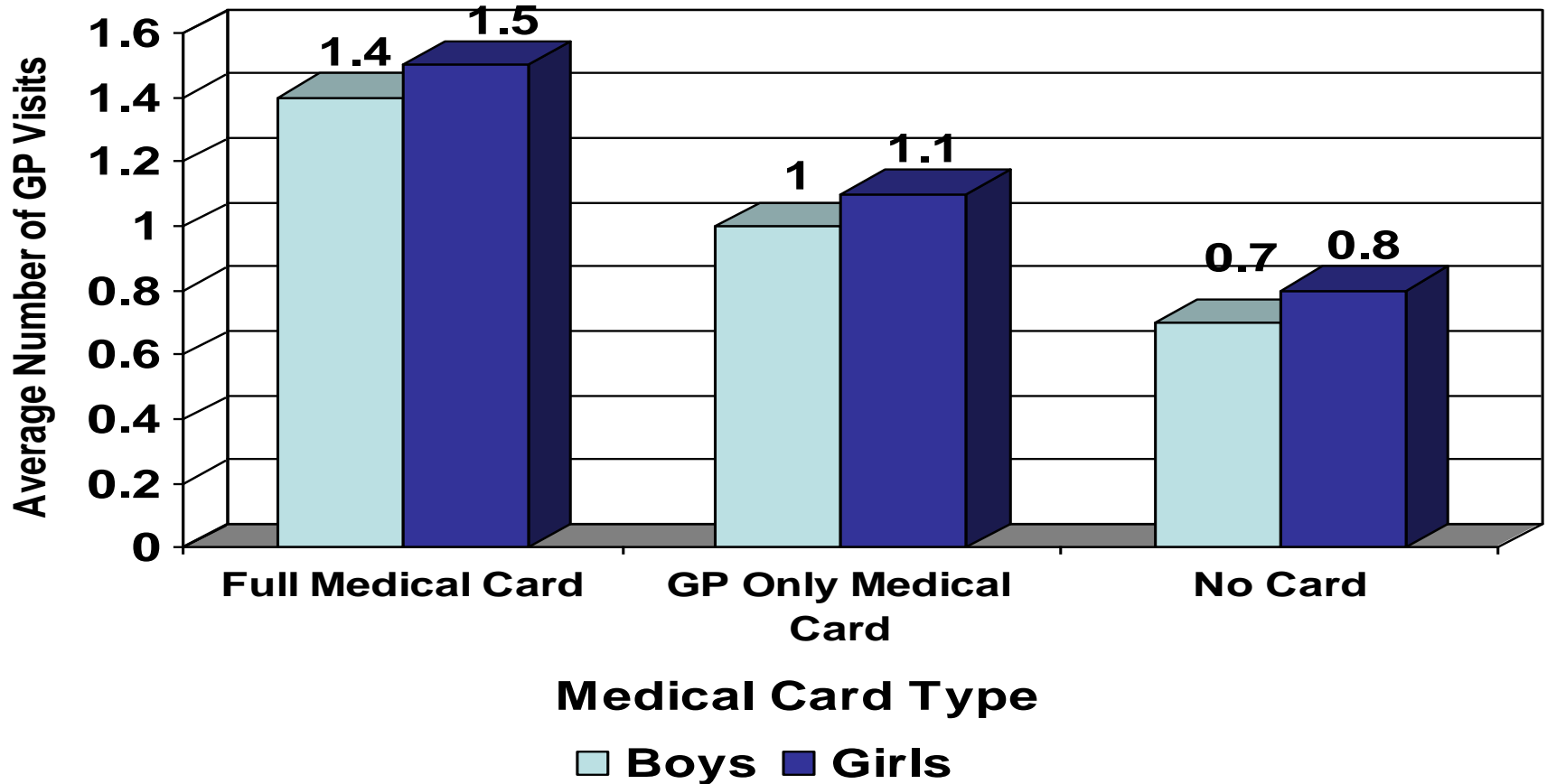
# GP Consultation and Family Income

Average Number of GP Visits in the Last Year by Sex of Child and Income Group



# Medical Card Status

Average Number of GP Visits in the Last Year by Sex of Child and Medical Card Status



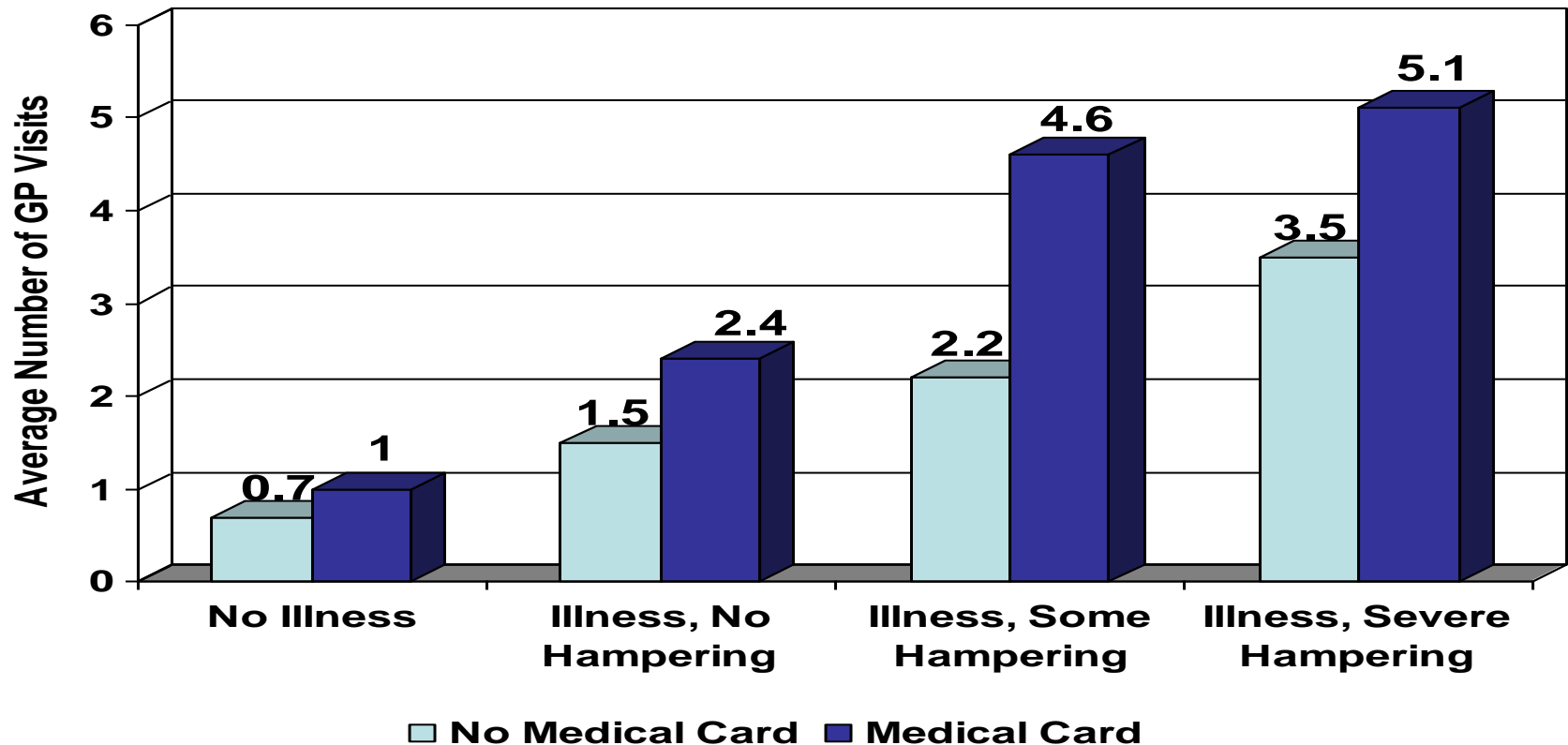


# General Practitioner Care

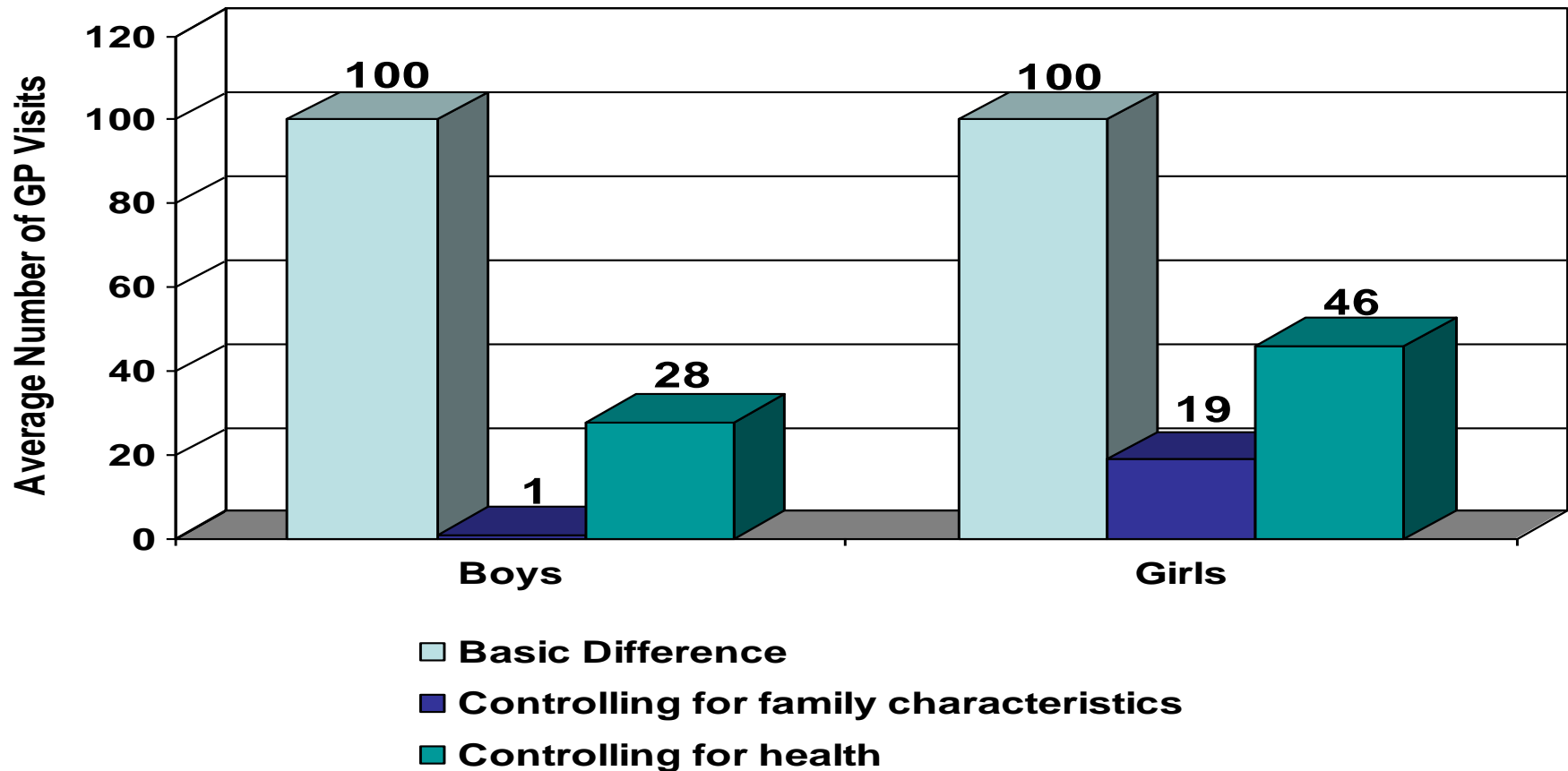
- **The differential between medical card holders and others is large**
- **Difficult to say whether this represents ‘over use’ by MC holders or ‘under use’ by non-holders**
- **Essential to control for level of ‘health need’**

# GP Consultation and Chronic Illness

Average Number of GP Visits in the Last Year by Chronic Illness, Degree of Hampering and Medical Card Status

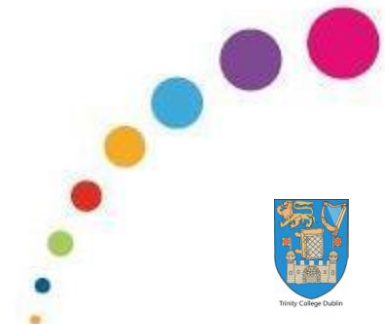


# Proportion of 'Medical Card Effect' Explained



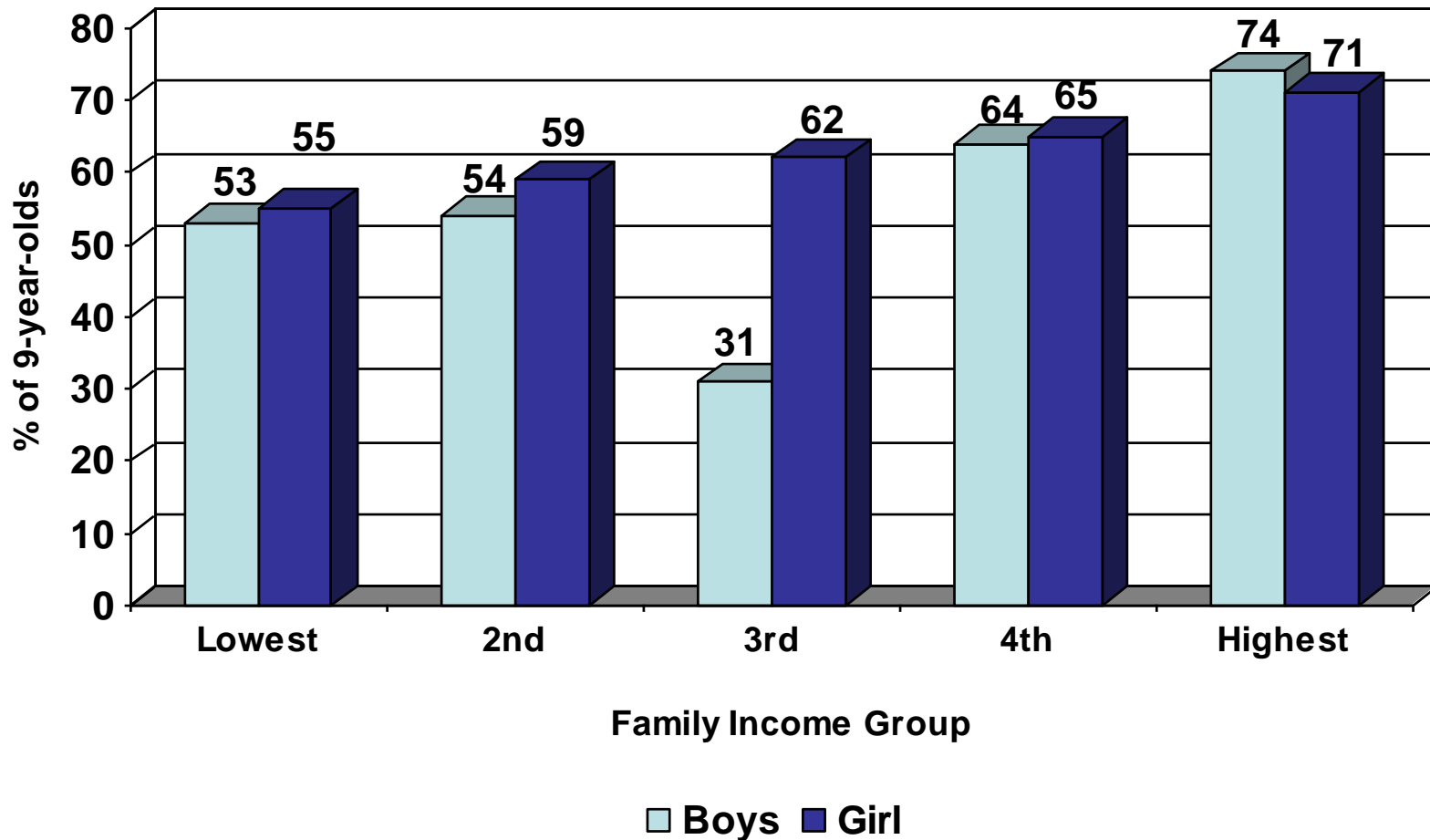
# Dental Care

- **Dental care utilisation among adults follows a different pattern to GP use**
- **Greater use as income rises largely because of more preventative care**
- **Studies show significantly poorer dental health among lower income group children**



# Visiting the Dentist

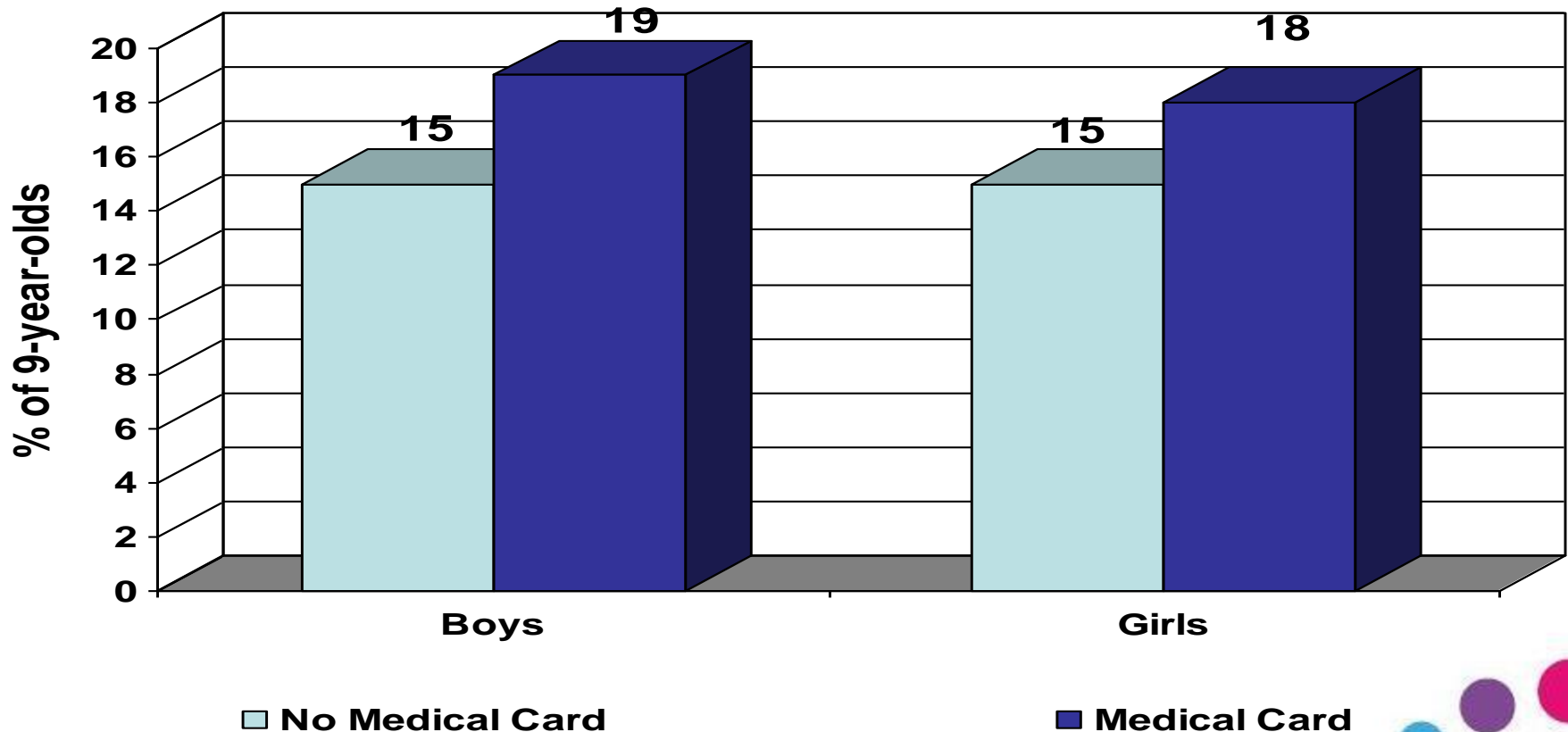
Percentage visiting their Dentist at least yearly by sex of child and family income group



# Medical Specialists

- **Greater health need among lower income groups is reflected in greater use of medical specialists**
- **As with GP, once we control for health and a number of other characteristics, differences remain**

# Percentage Visiting a Medical Specialist in the Last Year by Sex of Child and Medical Card Status



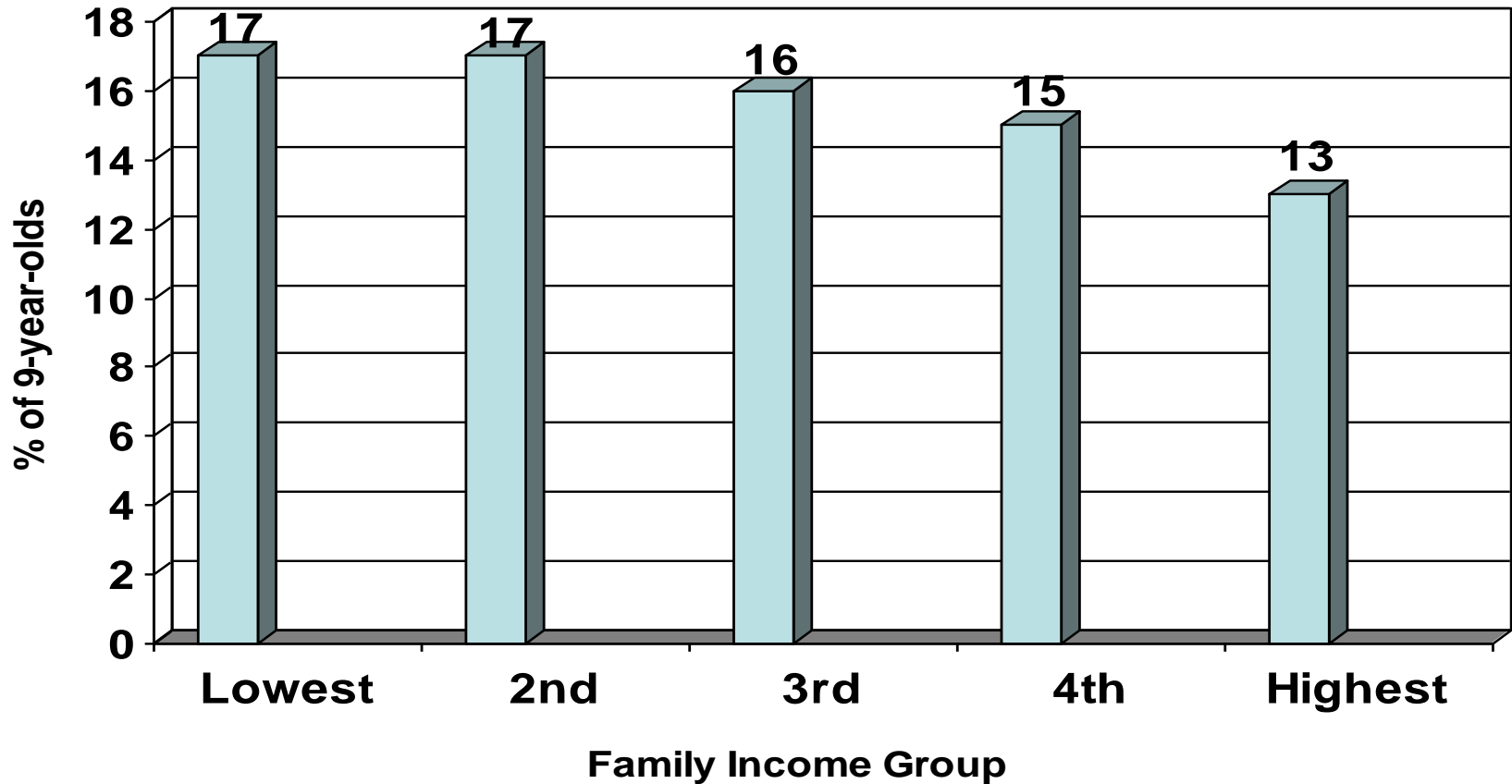
# Accidents

- **Internationally, social disadvantage is associated with higher accident rates**
- **GUI survey asked about accident or injury requiring hospital treatment**
- **No class or income gradient in overall accident probability**
- **Of those that have had an accident there is a gradient in number**



# Visits to A&E

Percentage Visiting an Accident and Emergency Department in the Last Year Among Boys by Income Group



# Summary / Conclusions

- **The majority are healthy**
- **Influenced by socioeconomic status, maternal education, sex of child**
- **11% have chronic illness - mainly respiratory & mental health & behaviour**
- **Mental & behaviour problems twice as common in boys**
- **19% overweight/obese - more common in girls**
- **Boys a lot more active and engaged in sports**

# Summary / Conclusions

- As found among adults, family income and access to a medical card have an impact on utilisation of GP care
- The difference between income groups in GP use is partially explained by differences in health need, but not all
- Dental care utilisation increases with family income though data suggest oral health inversely related to income. This may suggest differences in perceived need for preventative care
- Overall, only 2% of parents report that their child did not receive medical care when required and 5%, dental care
- Of those not receiving care, being on a waiting list predominates



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