



Child Health Care Services in Austria

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We describe child health care in Austria, a small country in Central Europe with a population of about 9 million inhabitants of whom approximately 1.7 million are children and adolescents under the age of 20 years. For children and adolescents, few health care indicators are available. Pediatric and adolescent health provision, such as overall health provision, follows a complex system with responsibilities shared by the Ministry of Health, 19 social insurance funds, provinces, and other key players. Several institutions are affiliated with or cooperate with the Ministry of Health to assure quality control. The Austrian public health care system is financed through a combination of income-based social insurance payments and taxes. Pediatric primary health care in Austria involves the services of general pediatricians and general practitioners. Secondary care is mostly provided by the 43 children's hospitals; tertiary care is (particularly) provided in 4 state university hospitals and 1 private university hospital. The training program of residents takes 6 years and is completed by a final examination. Every year, this training program is completed by about 60 residents. (*J Pediatr* 2016;177S:S35-47).

Austria is a small landlocked country with a size of 83 855 km² located in Central Europe. It has approximately twice the size of neighboring Switzerland (41 285 km²) and is similar in size to Bavaria (70 533 km²), a neighboring German (federal) state. The western and central part of the country is covered by the Alps, which are surrounded by a hilly to flat landscape in Austria's north, west, and south.¹ The Alps can create specific logistical challenges in primary health care (PHC) and accessibility to stationary health facilities.

Austria is divided into 9 provinces, some of them with a very long tradition of local governance. At present, these provinces have a high degree of independence concerning administrative affairs, which is particularly reflected in hospital care.

In its present geographic and political structure, Austria dates back to 1918 when the Austrian-Hungarian monarchy collapsed in the aftermath of the First World War. At that time, the state of Austria was established as a democratic federal republic encompassing most of the German-speaking areas of the previous monarchy.

Historically, culturally, and economically, the country is closely connected to the other German speaking countries in Central Europe (ie, Germany and German-speaking Switzerland). Thus, many health care institutions in the aforementioned countries developed similarly. Even though Austria also has a long historical connection to its eastern neighbors, medical institutions developed quite differently, mainly because of the communist governments in Eastern Europe during the second half of the last century.

In 2012, 1.7 million children and adolescents under the age of 20 years lived in Austria, representing about 20% of the whole population, with a declining trend. The proportion of children less than 15 years of age is approximately 14%, which is less than in most other European countries. Since 1990, the total population has increased by 0.4% per year, whereas the number of children up to 14 years of age has decreased by 0.4% per year (**Table I**).

About 68% of all children in Austria live in rural areas (ie, communities up to 20 000 inhabitants), 14% live in cities with 20 000-300 000 inhabitants, and 18% live in the capital city of Vienna.

Age dependency percentages (indicated as the sum of children <15 years of age and elderly people >65 years of age vs the "working age group" of 15-64 years of age) remained constant over the past 20 years and were around 48%. This can be explained by the declining population rate of children vs a simultaneous increase in the population rate of the elderly.

In 2012, the fertility rate (average number of children per woman) was 1.44, having experienced an increase from a historically low level of 1.33 in 2001. The Austrian fertility rate is below the average of the European Union (EU) countries. About 80 000 children are born per year, which represents a birth rate of approximately 9.4 children per 1000 inhabitants.

The average age of women at the birth of their first baby is increasing continuously. In 2012, the mean age at birth of her first baby was 28.7 years and the mean age at birth of any baby was 30.3 years. Furthermore, 2.6% of all children had mothers younger than 20 years of age.

EU	European Union
GP	General practitioner
ÖSG	Austrian Structural Plan for Health
PHC	Primary health care

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The rate of teenage pregnancies has been decreasing (2.6% in 2012, 4.4% in 1995).

Of all households with children under the age of 15 years, 14.2% are single parent households. This rate has remained stable since 1990. This also means that in 2012, 13.7% of all children under the age of 15 years did not live with both parents. At about 1.6 children per family, the average size of families with children under the age of 15 years has been stable over the past 20 years. Economic key indicators are listed in **Table II**.

For almost 100 years, Austria has had a federal democratic government system, which was disrupted during the 1930s and 1940s and was re-established after the Second World War. At present, it is well accepted by its population.

The directly elected president (head of the entire state, Bundespräsident) has representative responsibilities and limited political power. Representatives for the parliament are elected by the population, who votes for a specific party. According to a ranking list within each party and corresponding to population size of provinces, representatives are then “assigned for” the parliament. The parliament and the president appoint the prime minister (Bundeskanzler) and the government (Bundesregierung).

Within the provinces, representatives are elected by the population for the provincial parliament (Landtag). These representatives appoint the province president (Landeshauptmann) and the province government (Landesregierung). In addition to the separation of legislative and executive power between parliament and government, power is also shared between the state and Austria’s 9 provinces according to subsidiary principles. This fact is relevant for child health care because many responsibilities regarding health care and preventive measures (eg, vaccination programs) remain in the hands of the 9 provinces. This structure is frequently considered a possible source for the lack of cooperation in health issues and as a cause for delays in steps to a health reform.

During most of the last 70 years, Austria has been governed by a coalition of 2 political parties (ie, The Social Democratic Party [a social democratic party] and The People’s Party [a Christian conservative party]). Occasionally, these parties have ruled singularly or in coalition with The Freedom Party (a right-wing party). During the last 30 years, The Green Party (an environmental party) has become a stable player in Austrian politics, with some 10% of votes. Presently, The Green Party or The Freedom Party are coalition partners in several province governments.

In 1956, the state of Austria declared its military neutrality and until now holds no membership in any military coalition. Instead, the declared aim of Austria’s foreign policy is to participate in international organizations.¹² In accordance with this intention, Austria is presently a member of 72 such organizations,¹³ and among others, hosts the International Atomic Energy Agency, United Nations Industrial Development Organization, United Nations Office at Vienna, Organization for Security and Cooperation in Europe, and European Monitoring Center on Racism and

Xenophobia. However, membership in the EU (since 1995) is its most important membership. At present, Austria is one of the EU net contributors and one of the wealthiest members of the community with a gross domestic product of 34 000 € per capita in 2013.¹⁴

In the 2013 academic ranking of 500 world universities (Shanghai Ranking), the Medical School of Vienna holds positions between 201 and 300, and the Graz Medical School and the Innsbruck Medical School hold positions between 401 and 500, respectively.¹⁵ These medical schools are the most important providers of tertiary health care.

In the 2012 Corruption Perception Index of Transparency International,¹⁶ Austria scored 69 and ranked 26th of 175 assessed countries worldwide (position 1 = country with least evidence for corruption).

Child Health and Well-Being Status

In 2012, median life expectancy in Austria was 80.2 years (women 83.3 years and men 78.3 years), which corresponds to an increase of about 4 years in comparison with life expectancy in 1990.¹⁷ Life expectancy in Austria is slightly above the EU-27 average.¹⁸ However, healthy life expectancy is only around 60 years of age, depending on the calculation method.

Over the past 20 years infant mortality has fallen considerably (**Table III**). Whereas in the early 1990s when approximately 8 of 1000 newborns died within the first year, only 3.2 died in 2012,²² about one-half of whom died within the first week. Infant mortality in Austria corresponds to the EU-15 average, but is below the EU-27 average. There are, however, problems regarding high preterm birth rates (8.4% in 2012) and a high proportion of infants with low birth weight (around 7% below 2500 g and around 1% below 1500 g). Both indicators are above the EU-15 average.¹⁸ Furthermore, the rate of deliveries by cesarean in Austria is, compared with many other European countries, very high (about 30% of births with an increasing trend).

The maternal mortality rate also has decreased over the past decades.¹⁹ Whereas in 1990 when 6.6 women died per 100 000 births, in 2012 only 1.3 women died per 100 000 births (**Table III**). Since 2002, the maternal mortality has been 1 to 3 women per year countrywide.

The mortality rate for 0- to 14-year-old children also has decreased considerably over recent years. Although 74 deaths per 100 000 were registered in 1990, only 35 deaths per 100 000 were reported in 2012. In 2012, apart from causes of death originating in the perinatal period (33%) and congenital malformations (26%), the main causes of death of children up to the age of 14 years were “external” causes (11%) and cancer (8%).¹⁹

The main reasons for hospital treatment of 0- to 14-year-olds in 2012 were diseases of the respiratory system (18%), injuries (14%), infectious diseases (8%), and diseases originating in the perinatal period (8%).²³

Data related to diseases treated in outpatient settings or outside of hospitals are not systematically documented in

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