

## **2007 NSW Branch Annual General Meeting: Public Health oration.**

### **Unfair Shares: Reducing Inequalities in Child Health**

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Health matters to children, families and communities. At the individual level, the plight of a sick child, at the community level, the fate of a local hospital, and at a population level, the availability of a vaccine, attract ready attention. Public health issues, and inequalities in health on the other hand, may not be as attractive as acute illness as a headline grabber: 'Poverty is bad for your health. Well FANCY THAT' is hardly going to set the presses rolling. But the consequences are as dire. Children born into poverty and disadvantage miss out on important opportunities for health gain, and accumulate health risks as they grow into adulthood<sup>1</sup>. For researchers, practitioners and policymakers to make a difference, we need to synthesize existing evidence, (including listening to the evidence of lay experts); create evidence to fill the gaps, and use evidence, adapting it sensitively to different cultural contexts.

One of the first full phrases young children express, (at least where I come from) is 'it's not fair.' Fairness matters, and we have increasingly come to realise that unfairness, (or wanting more than one's fair share) correlate with a number of insults to health ranging from war to the health gap between the best off and worst off children which damages the health and well-being of the well-off as well as to the poor<sup>2</sup> The impact of relative poverty, even in rich countries, can be shown by the comparisons between infant mortality in urban areas of Kerala in southern India with that among African Americans living in Washington DC. Despite far higher national wealth, the infant mortality rate is higher in the USA group<sup>3</sup>

All of the birth cohort studies show that being born into a well-off family makes a big difference, but this is not the easiest thing for a child to achieve. On the other hand, we could look to countries like Norway, Denmark and Sweden where high (or appropriate) taxation, combined with a commitment to children's rights has resulted in child health outcomes which are the envy of the world.

For children born into disadvantage, we know that a good education, and parental interest in a child's education, are probably the very best bet in terms of good outcomes later. And since we are interested in well-being in the here and now as well as later, who can doubt the liberating effect for any child of being able to read ?.

We know that paradoxically, action intended to reduce inequalities can widen the gap. This means that acting on determinants – housing, education, and roads

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<sup>1</sup> Roberts H (2000) What Works in Reducing Inequalities in Child Health, Barnardo's, Barkingside

<sup>2</sup> Wilkinson R (1994) Unfair Shares, Barnardo's Barkingside

<sup>3</sup> UNDP. Human Development Report 2005. International cooperation at a crossroad: Aid, trade and security in an unequal world. New York: United National Development Programme, 2005.

(separating children from traffic rather than telling them how to avoid it) are likely to be good bets.

Those of us working in public health with an interest in reducing inequalities can find it difficult to act like the good midwife and be patient, even though we can recognise that public health interventions, like other kinds of health interventions, can do harm, or may be costly, but have no effect. Admitting to uncertainty is scary. So we need to develop better evidence on reducing inequalities in health (this is not one of the areas so over-populated with good data on effective interventions that we need to JFDI<sup>4</sup>). Our evidence box is not so well-stocked that when the minister says: 'I have a few hundred thousand to spend on reducing obesity in kids – what shall we do?' we can lay hand on heart and say – 'we have just the thing'. Not only does the evidence on interventions need to be strengthened, but the evidence on the cost effectiveness of interventions in reducing inequalities is still at an early stage of development.

Child public health is potentially the most important – and most effective - activity in health and social care, encompassing as it does interventions in health, education, housing and public policy. It strikes me that Australian commitment to 'fair play' means that those working in public health in Australia have a great opportunity to take a lead in populating the still imperfect evidence base on reducing inequalities, and ensuring that where resources can be shifted towards doing so, it is understood that this is an investment which will see big returns – not just for those running the system not just in thirty years time when children grow up as competent confident health citizens, but in the here and now in building better childhoods.

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<sup>4</sup> For those unfamiliar with this helpful acronym, J= just and DI = do it. The rest can be left to the imagination